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LEADING ARTICLES

THE REDUCTION OF THE TIP TILTED NOSE.

CHARLES C. MILLER, M. D.

CHICAGO.

A special field for surgical endeavor has recently developed, and now demands the attention of the profession. One cannot estimate the amount of space which has been given during the last few years to discussions of methods intended to improve the appearance of the face. That the public is interested there is no doubt, otherwise we would not see the "beauty columns" occupying more and more conspicuous parts of the newspapers and magazines.

The medical press has remained silent as to the methods which are valuable in improving the features except for the sporadic outburst following the introduction of the method of overcoming saddle nose by paraffin injections. Now paraffin injections for improving the appearance are among the most unsatisfactory of featural operations, and those who were carried away with enthusiasm and tried paraffin injections had in most instances unsatisfactory experiences which disgusted them with this class of work. We have dozens of other operations which are not only more effective in improving the facial appearance, but are more easily and certainly performed by those who understand this work, and I hope by an active campaign in the medical press to interest conscientious, ethical physicians and surgeons in this work, so that it may be taken from the charlatans who control it today.

There is a field in this country for hundreds of capable and conscientious operators who will confine themselves to the skillful performance of operations intended solely for beautifying purposes for the demand has been created by the press for them and the people will not be denied. Charlatans now control the operative field, but their carelessness and incompetence will doom them to insignificance when the profession is awakened to the existing conditions and the profession unites to refer cases consulting for advice on this subject to legitimate and capable operators. Advertisers today seldom secure a patient who before consulting them has not consulted some practicing physician in good standing, but it is the custom today for the physician to ridicule any suggestion of an operation for improving the appearance, and after a time the sufferer quietly consults the advertiser. When practitioners who do not care to do these operations recommend these cases to the ethical operators for advice and treatment, the charlatans will find this the most unprofitable of the advertising fields.

The tip tilted nose sometimes mars the appearance greatly. This is particularly true where the tip and alae are thick and blunt. The operator must decide before beginning his operation whether the bringing down of the tip is all that is needed, or whether it will be necessary to reduce its bulk as well.

This operation is performed without difficulty after the parts have been infiltrated. Infiltration is effective in entirely overcoming pain if the proper precautions are taken to infiltrate the tissues systematically so that none incised are uninfiltrated. The solution used is not of material importance, it should contain a trace of cocain or similar agent, so that the injection itself is painless.

Antiseptic precautions for the operation I am about to describe need not be elaborate, as the incisions are entirely within the nose and primary union is not essential to a good result. Of course I do not mean to encourage a disregard for all such precautions, but simple scrubbing of the face and the vestibule of the nose has always served with me

to secure a satisfactory degree of freedom from suppurations and inflammatory reactions. Our object in this operation is to bring the tip of the nose down and to retain it in its lowered position. To accomplish this we must free it from the septum within the nose, then in some cases incise the alae within the nose, with the tip thus freed above and at the sides we can bring it down with little resistance, and it may be held in its lowered position by properly applied sutures until reunion occurs. If the tip is too bulky the tissue beneath the skin must be cut away. If the wings of the nose are also too bulky they must also be incised and tissues removed to reduce them to the required extent.

The first incision is made with a narrow bladed scalpel. It should be carried through

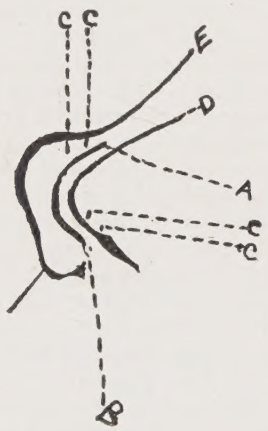

Figure illustrates operation for lowering the top tilted nose. E, marks profile of nose. D, the line of the cartilaginous septum. a, b, marks the incision beneath the tip for freeing same. Points marked c. c, mark an entrance for sutures to hold tip in lowered position.

the septum, and the tip of the nose freely separated from the septum. If the tip does not come down readily the incision is lengthened along the inner surface of the alae nasi parallel to the free margin of the nasal bone and about one-third or one-fourth of an inch below the margin of this bone. Care should be exercised not to allow the scalpel too pierce the skin at any point, the incision through its entirety being within the nose and beneath the skin.

The loosened tip must be held in its lowered position by sutures until union occurs. Sometimes one suture will hold the tip in the required position, although two or three sutures insure greater stability of the parts, and should invariably be placed if the tip is to be held in its lowered position under tension.

With the tip turned up with the thumb and index finger and the cut surface exposed through one or the other nasal orifice the first portion of the stitch may be passed without difficulty. The needle may be made to enter through one nasal orifice and emerge through the other, or the tip may be displaced to one or the other side and the curved needle made to complete the stitch above through a single orifice. The suture or sutures below should pass entirely through the cartilaginous septum. In the earliest operations surgeons will sometimes experience difficulty in passing the sutures so that when tied they hold the tip in the desired position. Should difficulty be experienced in this respect stitches should be cut and reapplied. The tip should be held down by stitches placed within the nose and the operator should not trust to plasters externally for accomplishing this purpose if the stitches fail to do so. If the tip is held down under tension, the operator may place a plaster strip across the nasal bridge and secure it so as to splint and hold down the soft parts, but this should not be relied upon; primarily the stitches within the nose should accomplish this.

Adhesive strips externally applied are objectionable, as they necessitate confinement of the patient. Without external dressings the patient need lose no time from ordinary duties.

70 State street.

CASES of malaria failing to respond to quinine should be given methylene blue, followed by quinine. It is asserted that methylene blue diminishes motility in many bacteria and renders the plasmodium of malaria more receptive to the quinine.

A CANVASS of the public schools of Baltimore shows that there are 51 children suffering from epilepsy. The school board has decided to establish two or three special classes for epileptic children, beginning with the next school year.

NEW YORK CITY'S NEW WATER SUPPLY.—On June 20 the work of excavation for the Catskill aqueduct of the city's new water supply system was formally begun by Mayor McClellan at a point about two miles from the town of Cold Spring. The water is to come from the three reservoirs up in the Catskills in aqueducts which will pass under the Hudson at Storm King at a depth of about 700 feet and come up at Breakneck on the other side of the river. From here they will cross gullies and pierce hills in three conduits which enter the ground at the spot where the formal excavation was started. The new system is designed to deliver 600,000,000 gallons daily, and its estimated cost is $161,000,000.

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OFFICIAL TRANSACTIONS.

MEDICAL EXPERT TESTIMONY FROM THE VIEWPOINT OF A PHYSICIAN.

R. B. H. GRADWOHL, M. D.

ST. LOUIS.

BEYOND peradventure of a doubt, the partisan character of modern medical expert testimony stands out most conspicuously as its greatest flaw, and most often causes criticism on the part of fair-minded students of jurisprudence. We know that in most cases of personal injury suits, the plaintiff is represented by the physician who has treated the case from start to finish; then there is the physician who has been called into consultation by the plaintiff to corroborate the findings; then there is the defendant's physician who perhaps has made a physical examination of the patient just prior to the time of trial; perhaps he has been refused the privilege of such an examination (on advice of opposing counsel). The plaintiff's physician, employed by him in good faith and acting in good faith, should be fully cognizant of the extent of injury and probability of recovery or non-recovery from such an injury. Does he always content himself by giving an unprejudiced, unbiased opinion when put upon the witness stand as to the extent of these injuries? Does he give the jury a full and fair opinion of his patient's physical condition? Does he admit the possibility of a perfect recovery from said injury? The answer is found in the daily records of the courts. Sometimes he does, more often he does not. Does he not, on the contrary, lay more stress on the more direful and less probable medical features of the eventuality of the case? Does he not state that this complication or that complication has already transpired or is imminent? Does he not on direct examination give his opinion based entirely upon the worse probabilities? Does he not even steel himself against the cross-examination of opposing counsel, refusing to concede, refusing to yield a single point, and that refusal made still more emphatic under the fire of sarcasm and epigrams on the part of opposing counsel who is desperately attempting to break down the case which has been made so strong by the plaintiff's medical man? And the defendant's medical witness, what of him? Does he not sit behind the particular counsel while the opposing physician is on the stand, coaching and prompting his man so as to break down his strong testimony? Does he not descend to unprofessional and unethical conduct by attempting to belittle his opponent's medical training and knowledge? Does he not afterwards take the stand and bend all his energies toward proving that the first medical man's evidence is based upon obsolete teachings, upon inexperience, upon rank biased observation, while his testimony is the only real, accurate and honest testimony (none other should be accepted)? To this we must answer, yes, in most instances; no, in but few instances.

Of course, while I speak of but one physician on each side in this illustration, we know that in most cases, there is an array of talent on each side, depending entirely upon the amount of money that each side has at its disposal.

This represents a typical case showing the futility of arriving at a conclusion in a medical fact before a jury of average laymen possessed of average intelligence. Why should this be so? Can a medical man's opinion be bought and sold like so much tinware? Cannot a medical man tell the truth to the jury as he would in his consulting room to his patients? Can he not take the stand and present his opinion as he would present it before a body of his peers? Is he afraid of displeasing counsel on his own side by telling the truth and yielding acquiescence on one point to his opponents? And yet the medical profession has never as a body been accused of cowardice. It appears to me that in first order the fact that the medical man is employed by one side, given one set of facts (facts known to his side only), told to base his deductions upon these facts, employed by one side and paid by one side, strongly influences him to give testimony that he would not give were he presented with these facts in, say, a state board of health written

examination where he wishes to convince his examiners that he is acquainted with the consensus of opinion on that particular topic. Let me lay great weight upon the fact that he is employed and paid by one side. The subtle influence of this employment makes him wish to give the benefit of the doubt to his employer, and let me say here that it is this "benefit of the doubt part" of his testimony that is usually the pivotal point of the whole case. The man on the other side too, employed as he is and paid as he is by the other side, gives his side the benefit of the doubt. We are thus between the devil and the deep sea. This partisanship means incapacity to give an honest and true opinion, it means sinking of professional ideals to a very low level, and that too however incongruous it may seem, through no fault of the medical profession. Let this fault, if you please, rest upon the present system of jurisprudence.

Let me now take up another point showing the faults in the giving of medical expert testimony. This fault rests with the medical profession. I refer to the absolute absence from the medical college curiculum of the professorship of legal medicine. There has been no attention paid to this subject in American medical schools except in a few isolated spots like Harvard Medical School where Draper held forth so long and so successfully. The medical graduate of today, even of yesterday and of twenty-five years ago received no adequate instruction in legal medicine.

The average American medical school teaches legal medicine in this way: some able attorney gives a few lectures on the laws governing the practice of medicine, the laws relating to the responsibility of the physician and his relations with his clientele, the collection of his bills, etc. Perhaps the obstetrician tells the student about the crime of abortion and mayhap the pathologist shows him an autopsy or two performed in some hospital dead-house. He is then considered proficient in legal medicine. Nothing is told him as to his responsibility when he is put upon the witness stand as a medical expert. Nothing is said as to the necessity of steeling himself against the influence of partisan employment. Nothing is said to him anent the influence of clever counsel who might wheedle him out of an opinion, the record of which might bring the blush of shame to his cheeks in years to come. He is not instructed in the technical parts of legal medicine, the proper performance of medico-legal autopsies, the proper handling of viscera in suspected poisoning cases, the writing of accurate autopsy records, the detection of blood-spots and seminal stains, the marks of identity, the signs of drowning, the evidences of death by electricity, and the thousand and one things that properly come within the domain of legal medicine There can never be expert knowledge of any import until legal medicine is properly taught in the medical schools of America. The Continent of Europe has seen the development of medical experts as a result of the proper teaching of legal medicine of which the respective countries may well be proud. Germany and Austria in particular have vied with each other in training their medical men in legal medical lines. There are no legal murders committed in Germany as a result of having the corpus delicti (cause of death) properly proved in cases of homicide. Who can say how many legal murders have been committed in America by falsely proving the corpus delicti in alleged homicide cases which were not homicide cases? And who can say how many murderers have escaped the gallows in America in real homicide cases because the corpus delicti was not correctly established as a result of slipshod and incompetent legal medical research due to an absence of proper training?

There are then two reasons for the teaching of legal medicine in the proper way in America, first to make the practitioner of medicine duly and fully acquainted with the subject so as to enable him to make a credible and a creditable witness when he is brought into court; secondly for the purpose of training men to assume the important positions of legal autopsy physicians to county coroners. We all know that the foundation of the homicide case rests upon the proof of manner of death, and this proof is furnished by the autopsy physician. This autopsy physician should be fully acquainted with the subject of medico-legal science. He should be a medico-legal pathologist and a man with a general knowledge of medicine. If he is not a toxicologist, he should know how to remove and care for the viscera intended for a toxicological examination. A search of the records of our courts will show that viscera from suspected poisoning cases have been removed from the cadaver and placed in dirty receptacles, with no one in charge except a negro janitor, taken after a week or two to some chemist, and then a trustworthy report is expected, a report upon which a human life is at stake. Words fail in condemning such a system. We are perfectly aware of the fact that the present coroner system is inadequate and that there are poor facilities for doing good work in the average municipal coroner's dead-house. Yet this does not argue against the proper

training of men to do the work even amid these poor facilities. With properly trained men will come proper facilities, and with the two improved and perfected, naught but good can follow.

In this desultory way, I have tried to point out a few reasons why the medical expert is derided by the bench and bar, and by the people and why he should be taken to task by the medical profession, sitting here in judgment. With the diagnosis made, the treatment should be easily accomplished. Better medico-legal education is the prophylactic agent. Remedial agents can be found in the commission plan which has been working so successfully in St. Louis in respect to lunacy inquiries. I shall leave this subject in the hands of Dr. Schwab who will shortly address you. I shall leave to him and to those who follow in discussion the details of perfecting this plan of employing experts in a non-partisan manner, and thereby giving the jury some intelligent idea of mooted medical points, instead of the present bewildering mass of facts and alleged facts that are hurled out by the medical experts employed on the opposing sides.

While the cultivation of honesty and truth-telling in mankind, strictly speaking, lies at the bottom of this question, upon which the whole fabric of medical expert testimony-giving necessarily must rise or fall, I firmly believe that some changes in our system of jurisprudence and some decided addition to the medical college curriculum in the shape of a full course on legal medicine will place the medical expert in that lofty and honorable position which every branch of medical science and practice truly should claim as its very own.

MEDICAL EXPERT TESTIMONY FROM THE VIEWPOINT OF THE BAR.

I. V. BARTH,

ST. LOUIS.

It was once said by an English barrister in his address to the jury, exasperated by the utter conflict of the expert testimony in the cause, the seemingly irreconcilable opinions of the scientific witnesses, and enraged by his defeat attributable thereto, that prevaricators might be properly arranged in the ascending series of the ordinary fibber, the liar and the scientific expert. This characterization, while presented in harsh language that might not be justifiable, represents, at least in a modified degree, the impression and opinion of the public, the bench and the bar. On all sides, in and out of the court room, the voice of the lawyer is heard in condemnation of the method of procedure which admits of such conditions as exist today surrounding testimony of the expert witness. To the lawyer who prides his profession, who earnestly and zealously would advocate an orderly procedure and a nice justice in the trial of causes, it is to say the least vexing to know that in all likelihood when a cause is presented calling for expert testimony, there will be an unnecessary lengthening of the trial, entirely conflicting opinions and, finally, his whole case left to the hopelessly confused and perplexed triers of fact, who, in sheer desperation, must finally guess in determining the results of this expert testimony. And yet, though this feeling seems to pervade the entire profession, the lawyer perhaps in his ultra-conservative spirit has failed to display half the zeal in advocating a change in this method of procedure as he would in the trial of a single cause in behalf of his client's interest. The medical profession is to be congratulated, therefore, in taking this initiative to bring to the attention not only of its profession, but of the sister profession in this city as well, the necessity for some action towards relieving present conditions.

No less have the practices with reference to the testimony of experts been denounced from the bench both in England and in America. "With regard to the medical witnesses," said the Lord Chief Justice Campbell, in charging the jury, "I must observe that although there were among them gentlemen of high honor, consummate integrity and profound scientific knowledge, who came here with a sincere wish to speak the truth, there were also gentlemen whose object was to procure an acquittal of the prisoner. It is in my opinion indispensable to the administration of justice that a witness should not be turned into an advocate nor an advocate into a witness."

And a judge of the Supreme Court of the United States has declared that "experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount; that it often occurs that not only many days, but even weeks are consumed in examinations to test the skill or knowledge of such witnesses and the correctness of their opinions, wasting the time and wearing the patience of both court and jury, and perplexing instead of elucidating the question involved in the issue." Just a few years ago, the Supreme Court of the State of Missouri, confused by the irreconcilable conflict of opinions expressed by physicians in a cause involving the defense of insanity, took occa-

sion to express itself in general terms in the following words:

"And in concluding this parargaph, I cannot refrain from saying what many others in similar conditions have said that, courts as the years go by place a lessening reliance on the value of expert testimony in relation to the subject of insanity. Indeed, on this bench for a long period of years, we have had murder cases coming up from the largest city of this state and wherever and whenever a distinguished expert and author on insanity was called on the witness stand, he invariably made out the defendant to be insane."

This is indeed a sad commentary offered by august tribunals upon that phase of legal procedure which involves the testimony of men supposed to qualify because of their high attainments in any particular branch of the arts or sciences. But can it be for a moment contended that the expert is a useless factor in the trial of a cause? Can it be said that we must dispense with him and act upon the testimony of his less skilled and even ignorant brother? I cannot believe that it should be the part of our jurisprudence, that it should be the attitude of our profession to attempt to eliminate the expert from the trial of the cause. On the other hand, I believe him to be an essential factor—necessary for the enlightenment of the court and the jury, necessary for the complete determination of the facts in issue. It is, in other words, not with the practice of introducing the expert in judicial trial per se that we are to find fault, but rather with the judicial procedure which sanctions and fosters unnecessary delays, leaves unsettled a conflict of views without an attempt to show clearly and concisely wherein such conflict lies, but hopelessly leaves it to the triers of fact to reach a conclusion without the aid of skilled men in whom they may put their absolute trust and confidence. That system of jurisprudence is the best which not only retains the expert in judicial trials, but in addition thereto enables him to state clearly and concisely his unbiased view based upon study and experience. Granting, then, that the expert is an established factor in our judicial trials, what must be the remedy in order that the best results may be had from him and the worst features eradicated? Is this to be accomplished by a radical change in judical procedure, or may the result be attained by ingrafting upon the present system certain features less fundamental in character? To my mind, the conservative plan will attain the desired end.

Having in mind, therefore, that it is not in expert tesitmony itself that the evil lies, but rather in our methods of handling it, may I present to you certain methods which have been suggested to remedy the present conditions with a view of more clearly understanding what in our opinion must be the ultimate solution.

First.—There is to be condemned the practice countenanced by our courts in allowing long and unwieldy hypothetical questions without exercising sufficiently their broad judicial discretion with reference to their introduction in evidence. There is no greater source of confusion to the triers of fact than the hypothetical question often framed rather with the intent to obscure than to clarify.

Not only this, it is unjust to the expert himself that he should be required to express an opinion upon a hypothetical state of facts which, with but a slight change of phraseology, a change meaning less to the layman, but altogether controlling with the expert, might have the effect to convert an answer in the affirmative to the negative or the negative to the affirmative. It is true that the lawyer on cross-examination may so qualify the question asked as to destroy its full import and significance, but the lawyer is too often unfamiliar with the scientific nature of the matter involved and suffers the question to be answered on direct examination without being able to reach the essence of the matter as contained in the question and answer. The trial court has it within his discretion to admit or reject questions asked. He may require that these be so framed that sufficient facts be stated to the witness to enable him to give an opinion of some value to the jury. He may require that the question be not misleading, that it be not complicated or involved, and that it be based upon an absolute fact already in the case.

The plea is here made that the court exercise its discretion to the end that the jury may not be confused, that the witness may be permitted and required to offer his opinion after a full and complete explanation of the grounds and the reasons for his arriving at the conclusion there offered. The suggestion has been made that the hypothetical question be abolished. I should not be so radical, but, on the other hand, should advocate that it be completely controlled by the discretion of the trial court.

Second.—Suggestions have been offered which would remove entirely the expert witness from judicial trials except such as might be appointed by the trial court. It has been proposed that in any proceeding in court before the trial, in the event that the parties thereto could not agree upon an expert, the court may appoint one or more persons learned and skilled in the branch or branches of the science or medicine in-

volved in the case; compensation of these experts to be paid by the court and not by the parties to the proceeding. Other suggestions have been made for the use of a board of permanent experts or a commission, whose duties it shall be to report to the jury upon their investigations made. It has further been proposed that there be always in court, in cases where expert testimony is to be used, a panel of expert jurors, some of whom may serve in a case with the jurors upon the regular panel. To my mind, here, a fundamental or radical change is not to be desired. To leave it in the hands of the panel of jurors is not to remove the evil, for how, it may be asked, would these be any more likely to agree in the jury box than on the witness stand?

The board or commission of experts acting out of court and bringing only the results of their deliberations before the jury would not be without its value, but it presents certain serious objections. If they be not made witnesses in the cause, the parties thereto are left without the right of cross-examination, which, though it may tend to confuse the issues, is too sacred a right, especially in criminal cases, to be denied to the parties litigant. Medicine is not an exact science. The commission may be honestly mistaken, and thus it would be subversive to justice to require that their deliberations be accepted without more investigation.

Again, even though this change contemplates their appearance in court as witnesses and, further, the parties should be restricted alone to their testimony, what would be the result if this commission disagreed? To say the least, the jury would hardly be enlightened. The proposal that in any particular cause the parties to the litigation be required to abide by the testimony of an expert, or experts, appointed by the court, seems to be the more reasonable. Learned authorities have declared that it would be denying a constitutional privilege to take from the parties to the cause the right to summon their own witnesses. On the other hand, equally eminent authors and jurists have contended that certainly by legislation the judge may be empowered to appoint experts who alone may testify. Be this as it may, it seems to me that the solution is the middle ground. Let the court in the exercise of its discretion limit the number of experts to be introduced by either side, and if in his opinion there remains an utter conflict of views, an irreconcilable condition confronting the jury, let him further exercise his discretion, and call to the aid of the triers of fact an eminent expert, or experts, in whom he and the jury may place a certain reliance. Let this expert be interrogated upon all branches of the medical testimony; let him have a broad scope so that he may indicate clearly and concisely to the court and the jury wherein the difference of opinion lies, unhampered and unbiased by his relations to either side. Let his fee be independent of the parties to the litigation; let him be a witness in the true sense rather than an advocate for the one side or the other, according as he may be employed to testify.

I do not here mean to cast aspersions upon the honesty and integrity of the average expert witness, yet, I do say that unconsciously the expert is often influenced in his views by a sympathy for the party who has summoned him to appear. The lawyer, led too far by his zeal, may have presented his case in a somewhat distorted way when in conference with his expert before the trial, and when once upon the stand, that expert may feel a subconscious duty, owing to the lawyer, when of a sudden he finds that the facts are assuming a somewhat different color than as first presented him.

It is advocated by a learned writer that there be established a practice of associating "with the trial judge an expert assessor, of his own choice, who might prove to be a help to the court's proper comprehension of the bearing and details of intricate technical inquiries suddenly thrust upon him, enable him to discriminate between the merits and applications of conflicting views advanced by experts on the stand, afford him a guide upon the question of the propriety of developing by interrogatories from the bench this or that fact left unclear by counsel's examination, or of himself calling an expert to the stand to review the accumulated expert testimony—thus to put at his elbow a person entrusted with that task."

All such radical suggestions, while undoubtedly beneficial, would to my mind be unnecessary were the courts generally to adopt the practice of merely calling an expert, or experts, to the stand of their own motion, to elucidate the matters left unsettled by the experts summoned and examined by the parties to the litigation. Our system of jurisprudence is old and of long standing. A radical change might be subversive to justice—a slight alteration in procedure might accomplish the same beneficent results without the necessity of departing from time honored customs and usages.

Lastly, may I suggest a deeper and keener appreciation on the part of the lawyer and the physician of their duties and functions in these judicial trials. Particularly, is it the part of the lawyer, himself

an officer of the court, to aid the judge who presides over him, and the jury who sits to hear him, in arriving at a just and honest determination of the law and facts involved in the case. Upon him there rests the duty when a client presents his cause involving the aid of an expert, to seek only him who is skilled in the particular branch of his profession. Let him first ascertain from eminent experts, and by these I mean specialists, whether or not his client has a hopeful cause. If he has not, it is his duty to withhold the case from litigation. If there is the hope of recovery, if by a reasonable construction of the law and the facts, and as founded upon the recommendation of the eminent experts, he has a reasonable chance, he owes it to his client to present the matter upon the law and facts as found. But there is still another duty—the duty of preparation. A lawyer cannot himself be an expert upon all the branches of science, but he should as zealously prepare himself upon this branch of his case as upon the case in its broader significance. It is only in this way that he may aid the court and the jury in arriving at the real and crucial facts involved. But not alone with the lawyer is there this duty of preparation. It rests equally upon the physician who is called to testify essentially as the expert. He must remove bias from his mind; he must remember that he is upon the stand not as an advocate, but as a witness; that he is there to tell the truth, the whole truth and nothing but the truth. His is not an exact science. Differences of opinion there will ever be as clearly in his profession as in the profession of the law, or in politics or in religion. It is for him not to dwell upon the small points of difference, but to concisely accentuate the important matters concerning which he is called to testify. "Calm, dignified, dispassionate, thoroughly himself, and thoroughly at home with his subject" he should "explain to the court and jury in plain language the myteries of his profession as bearing upon the matter at issue. And, on the other hand, what more pitiable sight than a physician or surgeon on the witness stand, loose in his language and behavior, halting, certain of nothing but his own uncertainty, contradictory in his statements and the game of opposing counsel." I believe that more is to be gained by the appreciation of this duty on the part of the expert than through any one of the changes in judicial procedure which have been suggested.

May I then in recapitulation offer to you, points proposed which must to my mind save in the interest of justice the high value which must be attached to the expert as a witness. In the first place, he is an essential factor. It is not the part of our jurisprudence to eliminate him, but rather to make him most effective in the judicial trial. To accomplish this, it is not necessary to fundamentally change this system of jurisprudence, but rather to perfect the present methods. Let the hypothetical question be subjected more completely to the discretion of the trial court, which should require that it be framed to the end of bringing the matters involved clearly and concisely before the jury. The court should exercise its privilege and right to appoint an expert, or experts, who may testify to the end of elucidating the matterrs theretofore in evidence. To my mind, it is not necessary, nor in some cases is it practical to resort to the panel of expert jurors, or to the board or commission of experts, nor is it wise to deny the parties to the suit the right to summon their own witnesses. On the other hand, the court should limit the number of these so-summoned and interrogate carefully the expert or experts, summoned and paid by the court, upon all the matters testified to by those experts introduced by the parties litigant.

And, finally, there should come to the lawyer and to the physician a deep appreciation of their sense of duty—duty owing to themselves and to the community looking to an orderly procedure and to the end of justice.

EXPERT TESTIMONY.

JUDGE DANIEL G. TAYLOR,

ST. LOUIS.

LAWYERS and law writers use the term "opinion testimony" rather than "expert testimony," and when you consider the real nature of the subject with which we are dealing you will at once see the accuracy of this distinction.

In the course of the determination of legal controversies of facts whether by the court or by jurors, there must come times when even the most learned will be compelled to consider facts from which, for want of special knowledge they cannot draw satisfactory conclusions. At such times they must have the assistance and the opinion of some one possessed of expert knowledge upon the particular subject. In other words, the trier of the facts must often base his ultimate conclusions upon his own deductions from those facts which he is capable of understanding and the deductions or conclusions of experts upon particular subjects

which are beyond his knowledge. Inasmuch as all men are liable to the human weakness of making mistakes the law has never gone further than to call the evidence of experts "opinion testimony." It has never dignified it by calling it "conclusion testimony," or by requiring it to be accepted as final or conclusive by the trier of the facts. If all experts could be gotten to agree upon given subject that recognition might be accorded them. When experts disagree there must be still a conclusion reached and so jurors chosen from among men of common knowledge must decide even scientific questions, and in reaching the decision the law permits them to reject all or any part of the expert testimony. Oftentimes decisions are reached with the greatest difficulty, because of the conflict among the experts, whose testimony was intended to cast light upon the subject, but which has only tended to obscure and make more difficult the ascertainment of the truth.

The announcement of the law to the jurors by the judge bears a strong analogy to the expression of opinion by the expert witness. For when we consider the chaotic state of our law the judge's declaration is actually no more than his opinion sanctified by certain necessary presumptions, including the one that the judge really knows the law. The judge's opinion of the law is dignified as a conclusion which must be accepted by the jurors while they are free to accept or reject the opinions of expert witnesses.

The rules of evidence observed by the courts and by which they determine who shall be permitted to testify, the method of their examination and the weight to be given to their testimony, are merely regulations springing from judicial control created for the purpose of eliminating from trials irrelevant matter and of aiding in securing the best evidence so as to avoid prolixity and confusion and reduce the likelihood of false testimony. These rules may at times be at variance with the views of particular persons, but they are the result of ages of experience and the workings of many able minds, and so are entitled to respect. These rules, so far as they relate to expert witnesses have had their development in the last four hundred years. Originally the jurors went about, before and during the trial, informing themselves of the facts. Of the evils of that system it is needless to speak. It was not until the 15th century that witnesses of any kind were summoned or permitted to appear before juries as they now are.

Witnesses may be properly classed as witnesses to the fact or common witnesses, and opinion or expert witnesses. To permit common witnesses to express their conclusions upon facts which are easily understood by the general run of mankind would of course be of no service, and would tend only to inject into the trial of the case their individual views arising perhaps from sympathy or interest, perhaps from ignorance of all the facts, and result in the usurpation of the proper functions of the jury. The jurors swear to their conclusions, but common witnesses only to the facts. With the inferences to be drawn from the facts, these witnesses have nothing to do.

The necessity of expert knowledge in drawing correct conclusions from the facts the relations of which to each other are unknown to the ordinary mind became apparent at an early day. At first it was sought to supply this necessity by having juries of experts—men chosen from particular calling, for instance sailing masters in maritime cases; merchants in cases involving questions of trade, bills of exchange and so on. While this procedure is involved in some obscurity, yet it seems that these expert jurors did not always determine all of the issues in a case, but simply passed upon and stated their conclusions upon particular questions of facts.

Then came the period when the judges called to their aid experts, the opinion of whom the judge might adopt or reject, as he saw fit. One of the early instances, if not the very first of the use of the expert in this matter was in a case where an English jurist called in a physician to aid him in determining whether a wound was a fresh one or an old one, before concluding whether one charged with an offense should be put upon his trial. It is also recorded that some of the earlier judges called in grammarians to help them out where their latin was a little rusty.

Later, substantially the plan under which we are now struggling, that of calling experts before the jury and permitting them to give their opinions drawn from an agreed state of facts, or a state of facts assumed for the purpose of a hypothetical question, was adopted.

Where there is no agreement as to the actual existence of facts upon which it is sought to obtain the opinion, of necessity, there must be a hypothetical question assuming the existence of the facts, which may or may not be believed by the jury. There must of course be some evidence of the assumed facts, else the opinion would be immaterial to the issues in the case. If the facts assumed to be true, for the purpose of eliciting the opinion of the expert, are not accepted as true by the jurors the opinion falls with the

assumed state of facts upon which it is predicted.

The first case of which I have been able to learn in which experts were used in the trial of a case was one (Alsop vs. Bowtrell Cro. Juc. 541) decided in 1620 in which physicians were permitted to testify of that a child born forty weeks and nine days after the death of the husband might be legitimate.

About 1665 there was a case known as the Witches case (Howells State trials, 697) in which a Dr. Brown gave a scientific explanation of certain fits to which certain children were subject which convinced him that the defendants were witches. The chronicler's report of this testimony is as follows:

"Dr. Brown, of Norwick, a person of great knowledge; who after this evidence given, and upon view of three persons in court, was desired to give his opinion what he did conceive of them; and he was clearly of opinion that the persons were bewitched; and said that in Denmark there had been lately a great discovery of witches, who use the very same way of afflicting persons by conveying pins into them, and crooked pins, as there were, with needles and nails. And his opinion was that the devil in such cases did work upon the bodies of men and women, upon a natural foundation (that is) to slip up, and excite such humours superabounding in their bodies to a great excess, whereby he did in an extraordinary manner afflict them with such distempers as their bodies were most subject to, as particularly appeared in these children; for he conceived that there swooning fits were natural, and nothing else but that they call the mother, but only heightened to a great excess by the subtilty of the devil, co-operating with the malice of these which we term witches, at whose instance he doth these villianies."

In the same case three persons appointed by the court after special examination reported that in their opinion the conduct of the children it was alleged were bewitched was an imposture. So you see that at this early day we find a confusion conflict of opinion testimony.

As I have stated, this last outlined system is substantially the one now in use. Its ineffectiveness and weaknesses are so well known not only to you, but to the reading public that it would weary you for me to dwell at length upon them.

The conflict of conclusions reached by experts has not only interfered with the administration of justice in cases in which the testimony was intended to give aid, but the reputable members of your profession have often been humiliated by the fact that, almost daily, experts testify to directly contradictory opinions, where their views should be essentially alike. Because of the irreconcilability of the conclusion of various witnesses a New York judge once instructed the jury to disregard entirely all of the testimony of the experts.

Primarily this evil grows out of the fact that experts are employed by the contending parties and in their loyalty to their employers instead of maintaining a judicial attitude, become contending participants in the case. It is regrettable that all of the conflict of statement does not arise from pardonable human weakness, of mistake, or as where in the heat of conflict a man may sometimes be driven by a rising temperature into making assertions a little bit beyond his honest convictions, but it too often arises out of the fact that the expert goes upon the stand with the conscious purpose of serving as a partisan witness for the one who has employed him, and is ever on the alert to minimize or exaggerate conclusions or opinions which should be rationally and honestly drawn from a given state of facts, according as he believes his statements will injure or benefit his employer.

Another cause of the unsatisfactory testimony often elicited from experts lies in our method of determining the qualifications of experts. All that is required is that the witness should himself claim to be an expert and be engaged in the practice of the particular calling in which the knowledge sought is supposed to be common. A licensed practitioner of medicine, however ignorant, is permitted to dilate, for the further confusion of the jury upon any subject coming within the range of medicine or surgery. In this way witnesses are permitted to testify upon subjects about which they know but little. These ignorant persons announce unfounded and erroneous opinions and conclusions, and when they find themselves cornered upon cross-examination pile falsehood upon falsehood in their effort to sustain their first statement.

It has been suggested, but I am inclined to think without much reason, that the form of hypothetical question is in a measure responsible for the difficulty to which we have alluded. It is true that these questions are often involved and sometimes senseless, but a careful consideration of this difficulty will lead inevitably to the conclusion that it arises from the ignorance or inaccuracy of the lawyer asking the question, and not from any fault in the system. Various remedies for these difficulties have been suggested; and I may state that the majority of these suggestions have been made not by lawyers or those

connected directly with the administration of justice, but by physicians goaded to action by their disgust with the reports of their brother's testimony. The suggestion for the establishment of a standing commission, either to be appointed by the governor, local authority, or the judge, or a commission to be appointed in each particular case, I leave to one of the other speakers I notice mentioned on your programme. The difficulty with such a remedy lies in the fact that the under our constitution every person charged with an offense is entitled "to be confronted with the witnesses against him."

The suggestion has been made that a remedy would be found in permitting none but real experts—wise men of the profession to testify. True, this might be a remedy, but I fear the difficulty of selecting the wise men would be as great as that of reconciling the testimony we now receive.

One of the newspapers I notice, in reporting the recent Thaw trial suggested that a remedy would be found if the experts were permitted to go upon the stand and without questions talk freely, stating their conclusions, leaving it to the jury to select from the conflicting statements of the witnesses which one they would believe. This of course is a suggestion made hastily and without any thought, for to throw aside all the rules of evidence would lead us into a wilderness of confusion. There is no telling where the experts would land the jurors, perhaps in padded cells.

A few years ago a very scholarly law writer suggested what would be, in a measure, a return to one of the ancient practices. He suggested that all questions involving opinion testimony be referred during the trial to a special jury or commission of experts who, after hearing the conflicting testimony of those who might be summoned before them by the parties to the controversy, and after full cross-examination of such witness would return their conclusion or finding and that this conclusion or finding should be delivered by the court along with the instructions or declarations of law and be binding upon the jury. I fear that if the jurors were not permitted to reject such conclusions if they saw fit to do so it would be usurping the province of the jury and amount to a denial of the right to trial by jury under the constitution.

A closer approach to an effective remedy along these lines might be to have these expert triers of the particular fact after a full examination of witness submitted by both sides report to the jury through a representative their conclusions and then under a rule of evidence provide that no other opinion testimony should be permitted. In this way the jurors would only receive the conclusion of the commission and the conflicting opinion testimony would be eliminated; the jurors would be left to ultimately decide all questions of fact and the party litigant would have had the benefit of producing his witnesses and of cross-examining his opponent's witnesses. This latter plan I offer simply as a suggestion to be considered and discussed by those who are trying to lead us out of our difficulties.

THE CRIMINAL LAW AND THE MEDICAL EXPERT.

ARTHUR N. SAGER, M. D.

ST. LOUIS.

For my profession, I make frank confession that our system of criminal jurisprudence is shockingly deficient, and a disgrace to the intelligence of the times. For yours, it must be said that as a rule the medical expert contributes but little of respect or confidence to his profession when called upon as such to testify in the criminal courts—and that between us, we too often demonstrate the inequalities, inconsistencies and weaknesses of the criminal system.

It is regrettable indeed that the two most intelligent and scientific professions are thus to be indicted, but the charge is well founded, and it is up to us to devise means for minimizing the evil work of the criminal lawyer and the expert when working together in criminal cases. The advice and knowledge of the conscientious expert is invaluable and cannot safely be dispensed with, but unless something is done to improve our system, and eliminate from all consideration the work of those who for hire try to defeat and abort justice, we will soon find the expert witness practically disregarded by the juries of the country before whom they come. The simple truth is that in all desperate cases, especially when the defense is backed by plenty of money, the tendency of the lawyer is to resort to the plea of insanity, and when he does so, he finds but little difficulty in procuring the service of experts of learning and popular standing who lend their opinions and dignity to the traversty that follows.

Despite the many shameful instances of this kind that come to your attention through the medium of the press, it is quite certain that you have no adequate conception of the lengths to which this practice goes and the many miscarriages of justice that result.

In a recent case tried in one of the criminal divisions of the circuit court in which I have

jurisdiction, the defendant was charged with the revolting and disgusting crime of sodomy, committed while under the influence of intoxicants. The defense was insanity. The history of the case showed no hereditary taints though a feeble attempt was made to prove insanity in a collateral branch of the family. None of the standard tests were made, and in fact no physical examination was resorted to as a basis for the opinion to be asked. After the usual wrangle, the hypothesis submitted contained two propositions for the expert, viz., (1) drunkenness at the time of the commission of the crime, and (2) the nature and character of the crime. This submitted, the expert gravely and solemnly swore that in his opinion, the defendant was unquestionably insane when he committed the act. The standing and ability, coupled with the earnestness of the expert and his convincing manner of testifying, alarmed the assistant in charge of the case, and he came to me for consultation, before cross-examination. The defense had never been disclosed until after the trial had commenced. We both felt that it was spurious, but had no one present or available at the time to put on the stand in rebuttal. I was asked for instructions. After learning what had transpired, I told the assistant to go in and put the matter up to the expert and make him again say, that the nature of the crime and drunkenness were positively the only grounds for his opinion of insanity make him state positively that the defendant was sane at the time of the trial, and then make him admit that if he got drunk again and committed the same character of crime, he would say he was insane, and that if sobered up in jail and stood trial he would say he was sane. Then, I said, "Go to the jury and pay your compliment in no uncertain terms to the expert and his testimony." This was done and the cause submitted, with the result of a verdict of guilty imposing substantially punishment in a few minutes after the jury retired. Another instance was a successful plea of insanity in an embezzlement case which resulted in an acquittal. The defendant was ordered committed to an asylum for the insane. Going out of the court in the custody of a deputy sheriff, he laughed and boasted that he would not remain long in custody. He was right, for in a day after, he was released, being sane. In this case, the State had no intimation of the nature of the defense and no chance to arrange testimony to combat the theory upon which this guilty man evaded the law's penalties. Another instance was the case of a dentist tried here a number of years ago for the killing of his wife, a pretty, young German girl. There was a disparity in their ages, and she had left him and returned to her parents on account of some physical condition that was offensive to her. He followed her home and murdered her in cold blood. He set up insanity as his plea. The jury found him not guilty, and found he was insane at the time of the trial. He was thereupon committed to an asylum, and by the authorities released three days afterwards. The recent Thaw trial affords perhaps the most notable of all illustrations of the conditions and the disadvantages of insanity as a defense and the testimony of expert witnesses. The result, which was to a large extent saved by the sanity of seven sorely tried and long suffering jurors, left us in a mood of self-condemnation and made of us a target for the merciless criticism of the foreign press. The weakness our legal tests and course of procedure in insanity cases was in this instance combatted by wealth, arrogance and unscrupulousness, and made indeed a sorry spectacle. The boasted humanity of our laws, which means their maudlin laxity, has much to do with the fraud and deceit practiced, and until they are changed we will suffer similar experiences. Ethical conditions enter largely into consideration, but as our friend Kipling would say, "that's another story." Taking the Thaw case as premise for argument, let us consider what it teaches and what it recommends. There we have a defendant who wished to escape the consequences of his crime because of insanity, and the consequences of his insanity as well; and in this enterprise we find the ready and willing expert witness seeking to demonstrate to a jury that Thaw was insane when he committed the murder, but was sane at the time of the trial—to the end that he might escape the electric chair on one hand and slip past the door of the asylum for the criminally insane on the other—the latter place holding for him terrors equally as great as the prospect of death. Having denied the State access to him, or opportunity to pass intelligently upon his mental condition while awaiting his trial, he goes into court under the protection of rules of evidence which prevented the prosecutor from making any inquiry into his condition at that time, and, but for the fortune of Mr. Jerome in forcing the lunacy commission, might have escaped on the plea of "Dementia Americania."

Wherein lies the remedy? Of course it will be solved when we reach that stage of ethical excellence where the lawyer and doctor will refuse longer to countenance such methods. But that devotedly to be wished for consummation is too far removed. We must change our system. I am glad to say we find here in St. Louis, a tried and

successful experiment which suggests the relief, and which does honor to the men of your profession who have so unselfishly and earnestly striven to prove its practicability. While not acquainted with the steps taken to introduce the system, they adopted, I am pleased to record the activity and interest of Dr. Henry Joseph Scherk, who first laid the plan before me. The scheme cannot be better stated than it was in the memorial presented to two judges of the circuit court then sitting in the two criminal divisions, which was as follows:

1. The courts and jail physician should appoint a body of three experts who are to be specialists on nervous and mental diseases with knowledge and training sufficient to enable them to speak with authority on these subjects. The jail physician by virtue of his office and his interest in the charges under him is to be the fourth member of this body.

2. One member of the body is to be appointed a chairman. His duty will be to apportion the work to be done and to be the representative of the body whenever such representation shall be necessary.

3. Whenever in the opinion of the circuit attorney, the jail physician, or the presiding judge there is committed to the jail a prisoner in whose case there is any suspicion of mental disease either past or present which has any bearing on the case whatever, such a prisoner before coming to trial should be examined by the body of experts either singly or collectively, as the case demands, for the purpose of determining his responsibility, his irresponsibility, degree of irresponsibility, and his final disposal of his irresponsibility is established.

4. The decision of this body is to be submitted in writing to the judge before whom the prisoner is to be tried. If the decision is not unanimous a dissenting opinion can likewise be submitted.

5. This body or any part of it will be at the service of the court to present their findings to the jury, or in any other way to assist the court to arrive at a just opinion in regard to the sanity or insanity of a prisoner.

6. Each member of this body will agree to serve without compensation.

7. The jail physician or the court can add to this examining body at any time physicians who, in their opinion, can aid them in in arriving at a decision. In this way no one can be deprived of the services of experts who are not members of this body. It is recommended, however, that if such additions are made, only those who have the requisite knowledge should be appointed.

8. A room is to be set apart in the jail building in which prisoners under observation can be studied under the best possible conditions.

9. A record of the work of this body is to be kept with great care so that its services to the courts of justice and to the community may be used as an argument in favor of the permanency of such a body, if this method of arriving at a just solution of this part of criminal procedure should find favor with those who can set about making this into a law."

Inquiry as to my attitude was made by Dr. Scherk, and I assured him that the necessity of such a commission was great, that I believed it would solve our difficulties, and that I would guarantee him the hearty and enthusiastic co-operation of my office. The commission was appointed, and consists of Drs. Frank R. Fry, Sidney I. Schwab and Wm. W. Graves and the jail physician, who is an ex officio member of the board.

Since then between forty and fifty cases have been examined and reported upon, and in every instance our office has taken as final the recommendations of the commission. Among the cases of murder examined are a number where the crime and the elements surrounding it made the responsibility considerable, but much as the disposition was to prosecute, we have taken the opinion of the commission to be conclusive.

Notable among these will be found the following: John Gray, who murdered his mistress in cold blood; John Straub, who murdered his brother, a prominent tailor, in Caesar's cafe, without provocation or justification; Edward Croissant, who murdered his brother and partner in business; Mari Emil Servin, who murdered a fellow workman.

The advantages of the scheme from the medical standpoint will appeal to you and will no doubt receive attention from Dr. Schwab, who is on the program for a paper on the work of the commission. To the prosecutor and to society, its benefits are inestimable, for it tends to effectually bar the door to the quack or the irresponsible, prejudiced paid witness. If the State takes the testimony of these gentlemen, and acknowledge without question the value and force of their disinterested finding, we can, in emergencies, use them with crushing and convincing force before our juries. Unfortunately the defense of insanity is rarely interposed with notice to the State, and we there fore find it, in such instances, impossible to invoke the aid of the commission at the trial. We have, however, in some ten or more such cases availed ourselves of the services of Dr. Scherk, who is generally within easy call; and in every instance he has enabled us

to frustrate the defense and its experts and secure a verdict of guilty.

This much for the highly commendable work of this commission and its results.

To give it permanency and legal form is the necessary and logical step which we will now consider

The first thing to be done is to eliminate from our criminal procedure this illogical, much-abused insanity defense. It should have no place or part in the trial of a criminal case, and should not be considered under a plea of "not gulity." The suggestion I would make is to do away with this defense by proper legislation, and provide that if insanity at any stage is relied on to escape the consequences of criminal act, that the defense be required by proper motion to set up the fact of insanity with particularity as to its character and duration, asking the court to inquire into the prisoner's mental condition. This motion should be supported by affidavit of two responsible and creditable physicians, as to the facts set forth. Thereupon, the court should appoint a commission of say one reputable lawyer and two insanity experts, and if the defendant is found insane, have him sent to an asylum for the criminally insane, thereto remain until relieved by order of the court committing him, and the procedure for his release should be similar to that under which he was committed, i.e., on application, examination and report of the lunacy commission. It will be asked what is to become of the criminal who is insane at the time of his act and sane at the time of his examination, as was the claim in the Thaw case. For my part, I have no sympathy with the pretenses of that class of defendants, but they could be readily provided for by extending the finding of the commission to cover the prisoner's condition at all times. The compensation of the commissioners' could be fixed by statue and be allowed as costs in each case.

In two of the murder cases referred to, where our office took the report of the lunacy commission, and had the defendants adjudged insane, we found from the records that they had both been guilty of murders before and had been sent to the State asylums, where after a period of a few years incarceration they were released. These instances but accentuate the belief of many that when insanity takes the form of a homicidal tendency, it is always dangerous to release the patient at any time. In fact so crowded are the insane institutions and so prone are the authorities to discharge patients that it is almost necessary that we have a separate institution, as suggested, for the criminally insane. The prospect of the prisoner being committed to that sort of an asylum-prison and incarcerated with other insane criminals is pretty apt to deter the malingerer from resorting to the defense of insanity. A jury of laymen, selected as our juries are, is in no sense qualified to pass upon the question of the insanity of the defendant, and especially is this true when that question is raised upon the plea of "not guilty." In cases where insanity is resorted to and relied upon as an excuse for the commission of the crime charged, the jury are given the following approved instructions:

"In this case insanity is interposed by defendant's counsel as an excuse for the charge set forth in the indictment.

This defense, when established, is one the law recognizes, and should insanity be proved by the evidence in this case, to the reasonable satisfaction of the jury, it would be the duty of the jury, in that event, to acquit the defendant altogether. Insanity is a physical disease located in the brain, which disease so perverts and deranges one or more of the mental and moral faculties to render the person suffering from this affliction incapable of distinguishing right from wrong, in reference to the particular act charged against him, and incapable of understanding that the particular act in question was a violation of the laws of God and of society.

Wherefore, the court instructs the jury that if they believe and find from the evidence that, at the time he did the killing charged in the indictment, the defendant was so perverted and deranged, in one or more of his mental and moral faculties, as to be incapable of understanding, at the moment he killed his victim; that such killing was wrong, and that he, the defendant, at that time, was incapable of understanding that his act of killing was a violation of the laws of God and society, if the jury find that he was so insane, they should find him not guilty.

Insanity is either partial or general. General alienation always excuses. Partial insanity does not always excuse. One may be partially insane, and yet be responsible for his criminal acts.

The law does not excuse unless the derangement is so great that it actually renders the person incapable, at the time of its commission, of distinguishing between right and wrong in respect to the particular act charged and proved against him.

The law presumes every person who has reached the years of discretion to be of sound mind, and this presumption continues until the contrary is shown. So that when, as in this case, insanity is pleaded as a defense to a criminal charge, the fact of the existence of such insanity at the time of the commission

of the act complained of, must, before you can acquit on that ground, be established by the evidence to your reasonable satisfaction, and the burden of proving the fact rests with the defendant.

To establish the insanity of the defendant, positive and direct proof of it is not required. To entitle him to an acquittal, by reason of his insanity, circumstantial evidence, which reasonably satisfies your minds of its existence, is sufficient.

The law presumes the defendant innocent, and the burden of proving him guilty rests with the State, and, before you should convict him, his guilt must be established beyond a reasonable doubt. On the other hand, to entitle the defendant to a verdict of not guilty, by reason of his insanity, the law requires him to prove it, not, however, beyond a reasonable doubt, but only to your reasonable satisfaction.

From all this it follows that although you may believe and find that the defendant did the killing alleged, yet if, from the evidence, you further find that, at the time he did it, he was in such an insane condition of mind that he did not know he was doing wrong, and did not comprehend the nature and character of the act, then such killing was not in law malicious or felonious, and you ought to acquit him on the ground of insanity, and, by your verdict, so say."

In addition to this instruction, the jury are constantly reminded by other instructions that they must find the defendant guilty beyond a reasonable doubt; and then ingenious and eloquent counsel, portraying the hardships of the consequent imprisonment or the horrors of a hanging, warn the jury that they are to find the defendant guilty beyond a reasonable doubt, and if the evidence or insanity is sufficient to raise that doubt they must acquit. They thus get an advantage in the confusion of the two issues—the question of actual guilt and the defense of insanity. Sometimes the nature of the crime charged is such that it excites great prejudice in the minds of jurors, and they set aside the defense of insanity and convict without regard to its merits. In this State we have a case of that kind, where a defendant was tried and hung, and his brain afterwards examined, and it was found beyond a question of doubt that he was hopelessly insane.

The tendency of the day is to seek new fields for legislation of the kind that is a panacea for the imagined ailments—mental, physical and financial—of the body politic.

For my part I believe the safer course in every instance is to strengthen and protect the laws and systems that reflect the wisdom and experience of centuries, and while there is much to be done in other lines for the protection of society, against the shams and artifices of the criminal class, no more effective or humane work could be done than to have properly enacted into law the plans and scheme of the "Insane Commission of the St. Louis Jail."

I regret exceedingly that these hastily dictated remarks must of necessity leave the recommendations included open to objections which might have been avoided upon more mature reflection, but I will be compensated indeed if they point the way in any degree to the light.

From a legal standpoint the coroner's system of this State as applied to the City of St. Louis is defective. In the first place as a general rule coroner's juries do not possess that degree of intelligence possessed by average jurors in the courts of this city. It too often happens that this duty is awarded to a lot of loafers who have no visible employment. This of course is a serious objection to the system. In the second place, coroner's inquests should be held under the direction of the prosecuting officer and the function of the coroner is to deterimne the manner and cause of the death, and whether it was the result of a criminal act. This as a rule does not require a broad investigation. Frequently the coroner is satisfied by the testimony elicited by a few questions and drops the investigation. Defendant's counsel then arms himself with a copy of the coroner's transcript in the case, containing the testimony of each witness given before the coroner, and when the witness is put upon the stand at the trial of the case and the State's attorney gives him an opportunity to tell all that he knows about the case, he often gives evidence which he was not permitted to give at the inquest. Then defendant's counsel begins his cross-examination, and holding a transcript of the witness' testimony before the coroner in one hand the counsel scornfully asks, "Did you testify to that fact before the coroner?" The witness says that he did not, or perhaps replies that he thinks he did, but when the evidence is examined it is shown that he did not. Then comes the scornful thundering question from the defendant's counsel, "And did you not then swear to tell the truth, the whole truth, and nothing but the truth? Are you aware that you stand before this jury now a perjurer?" And thus a blameless witness is discredited before the trial jury. We have lost some murder cases that we ought to have won simply because we did not have the proper preliminary work at the coroner's inquest. We had a case of abortion in which the physician stated before the coroner that the death resulted from abortion, and when given a

more exhaustive examination at the trial admitted that he did not know whether it was abortion or not. It is often very important that the investigation before the coroner be conducted under competent legal authority.

DISCUSSION.

Dr. Sidney I. Schwab.—I want to say just a few words about the general idea of a commission on insanity and about a commission in general. As my experience is limited to the work we have tried to do at the city jail, I will try to limit my remarks to that work and to emphasize the limitations we see in working out this idea. The trial of insanity cases according to the early records of the courts in England, were then largely by a commission. A commission always assumes more than one expert. The reason for the departure from that idea I am not able to give. Why there gradually grew up an idea that an expert should be an individual hired to come into court and give biased testimony, I don't see.

The necessity for a commission in insanity cases is perfectly obvious. The first thing you have to decide is the clinical evidence of an individual's state of mind, and such cannot be decided in court by hypothetical questions. The decision whether the individual is criminally responsible or not is a question of diagnosis of mental disease. A diagnosis cannot be made by seeing an individual once and certainly not by hearing evidence called out in court. It is possible only by a careful unbiased examination of all possible clinical data, and to make that an opportunity must be given for all possible examinations, and this should be done before the individual is brought to trial. Then our decision should be given as we are accustomed to give a decision in our private practice. If we try to find out if an individual is suffering with tuberculosis we don't try to prove that the individual has tuberculosis, we simply try by the use of all possible means at our command to learn whether the individual is suffering with tuberculosis. From a medical point of view, at any rate, a commission to examine an individual is a logical thing from which we cannot get away. If that interferes with the right of the individual to summon witnesses, it ought to be possible to compromise in some way. In our work at the jail, while our report may be accepted by the prosecuting attorney or the judge, and is a matter of record and of opinion, if the defendant's counsel does not accept it he is at liberty to summon whom he chooses, so that our work is a compromise.

As has been intimated tonight an expert should have absolutely nothing to do with the defense or prosecution of a case. The physician on the witness stand is a physician in the same sense that he is in the consulting-room, and he should make his diagnosis and give his opinion or advice just as he would in the consulting-room, and the time should come when no lawyer can go to a doctor with the request: "I want you to testify to this or that effect in a certain case."

If the idea of personal integrity and honesty should be insisted upon and he could come into court and impress the jury that his opinion was honestly arrived at, the whole criticism of this subject of expert testimony would disappear. Whatever success the insanity commission has had in St. Louis is due to this fact, and that we fully realized the natural limits of our task and of our knowledge. We perceive that what the court wants to know is not whether an individual is suffering from a certain disease—they don't care whether dementia praecox exists, or whether paranoia is divided into three stages, but they do want to know whether the individual is able to distinguish right from wrong, and to appreciate the significance and consequences of his act. Now, when we try to solve that question with the knowledge we have we are approaching closer and closer to what the court wants, and the nearer we get to that the more practical our work will be.

Dr. M. A. Bliss.—The idea of the commission referred to by Dr. Schwab, was presented by him last year at the Neurological Association, and was very heartily endorsed by many members of the association. It has, of course, a limited function. It does not tend to settle the question finally, but is an effort to offer such guidance as it can to the court. Legislation in Missouri similar to that of Massachusetts might be of value. We all acknowledge the fact that if we are employed on one side or the other, we are all human enough to be biased by that fact. It is the judgment of many men that employment should not be accepted on one side of a case. The attorney submits a set of facts to the doctor as true and asks him what he would testify under such circumstances. If the doctor's reply suits him, well and good; otherwise that is the end of the conference.

Dr. C. H. Hughes.—I would like to remind my legal friends that the trouble with the medical expert is the manner in which the hypothetical question is prepared and propounded. The result is a good deal of law and very little medicine in the case. It is sometimes the misfortune of the expert in

these cases to be obliged to testify in direct opposition to his belief because of the character of the hypothetical question. For example, take the question of an "exaggerated ego," which came up in the recent Thaw case. That in itself amounts to nothing without its qualifications. If all individuals carrying about an exaggerated ego were to be regarded as insane, there would not be room enough in the asylums to hold them. Then, too, the question of "brain storm" came out in that trial without due qualification. A brain storm, to amount to anything, must be a true psyclampsia the product of disease, not the product of passion to be evidence of insanity. We do not say a man is insane when he is violently passionate. You remember John Hunter, the great surgeon of London, got into a brain storm, a violent passion, because of a quarrel with a hospital nurse, and was then and there stricken with apoplexy. But that was not insanity. The brain storm caused the final disease, his violent passion resulting in the rupture of a previously damaged blood vessel. Now, medical men are not accustomed to be on the witness stand and they often get rattled under legal egoistic cross-examination. We have an example of that in the testimony of Dr. Wiley. If he had simply said that he didn't know, he would have saved himself a great deal of embarrassment. Had he merely acknowledged that he did not know he would never have fallen down on the Argyle-Roberston pupil, or on the Romberg sign. No man should pose as a psychological expert on the question of mental aberration, unless he has had the clinical experience to make an alienist expert. He must have a clinical knowledge of insanity. It is not the vagaries in the character of a man, but the change in his disposition and character caused by disease that settles the question whether he is sane or insane. Peculiarity is individuality. If all men considered peculiar by others were classed as insane, we would have to turn the insane out of the asylums to accommodate the peculiar sane. To be insane, the peculiarity must be one which is forced upon the man by disease—a peculiarity which makes his subconscious life over-master his conscious life, because disease and not normal volition dominates his mental displays.

Mr. B. Greensfelder.—I agree with Judge Taylor that it is the uncertainty of the expert which damages the value of his evidence. I had occasion to be in the court room yesterday and witnessed an example of this. It was a damage suit, where the X-ray had been used and the result seemed not to have been a success. The man was so crippled that from a layman's standpoint there could not be two opinions about the matter, yet the doctor hesitated for two minutes before expressing his opinion, and I could see the members of the jury smiling. The doctor should be firm in the expresssion of his opinion. The doctor does not need to give testimony simply because he is paid for it. Many lawyers will not take a case merely for the fee if we realize we have no case, and I judge it rests with the medical man what his evidence is going to be. While your testimony may be perfectly proper, yet I don't think you should allow the fee to influence your course. And when you do give an opinion do it in a positive way, not hesitatingly.

Dr. R. M. Funkhouser.—For such an old office and one of such great importance as the coroner's, it is extraordinary that the lawyers of St. Louis know so little about it, except from some information obtained from some book. During my incumbency I remember being asked by a prominent lawyer on what authority I could hold an inquest without a jury. Now the difficulty in the jury depends upon the civic pride. Time and time again such men as Francis and Kennard are summoned. I remember at the time of the Sarah street accident we had some of the most prominent men in the City of St. Louis, but they did not put themselves on record as to the exact liability that the accident incurred. There were a few who wanted to hold some one accountable, but it was finally stated to be "an error of judgment."

I don't want to give out the idea that I don't think the coroner's office is not capable of taking care of the business as properly as certain other systems. I think it is, with proper corrections.

Mr. Arthur N. Sager, in closing.—We find from a legal standpoint this defect in the coroner's system. In the first place, I never saw a coroner's jury of ordinary intelligence. It is a duty that seems to be awarded to a lot of loafers. This is a practical objection to the system. It is not under the direction of a prosecuting officer and the function of the coroner is limited to determining whether the death was the result of a criminal act, and the manner or cause of death. In the ordinary sense that don't require a broad investigation, yet it is important at times that that investigation be conducted under competent legal authority. Very often the coroner is satisfied by the testimony elicited by a few questions and drops the investigation. Then when that same witness is called at the trial he makes a statement that throws new light

on the situation, and then he is asked, in a scornful manner perhaps, why he did not testify to that before the coroner. Or he is asked, "Did you testify to the fact before the coroner?" And he says he didn't, or perhaps he replies that he thinks he did, but when the evidence is examined it is shown that he didn't. Then comes the question in a thunderous voice: "And did you not swear to tell the truth, the whole truth, and nothing but the truth?" And he is asked if he knows that he is a perjurer? We have lost some murder cases we ought to have won simply because we did not have the proper preliminary work at the coroner's inquest. We had a case of abortion, the physician testified at the coroner's inquest that the death resulted from abortion and when placed on the stand at the trial after three questions admitted he didn't know whether it was an abortion or not.

THE INTERNATIONAL CONGRESS OF THE MEDICAL PRESS will hold a session at London, Eng., on August 3d, 1907, under the presidency of Prof. C. Posner. The general secretary is Dr. R. Blondel, Paris. Journalists cordially invited.

CHANGES AT THE YALE UNIVERSITY MEDICAL DEPARTMENT.— Dr. Ross Granville Harrison, associate professor of anatomy at Johns Hopkins University, has been elected Bronson professor of comparative anatomy. He will hold seats both in the academic and scientific faculties. He succeeds Professor Sidney I. Smith, retired. Dr. Joseph Marshall Flint, former editor of the Journal of Anatomy, has been elected professor of surgery. He has just returned from two years of study in Europe, and is at present professor of anatomy in the University of California. Professor Flint succeeds Professor William H. Carmalt, retired.

ENTERTAINMENT AT THE JAMESTOWN EXPOSITION.—The Louisiana Purchase Exposition and experiences connected with are still very vivid and reports of extortion in the matter of entertainment at Jamestown remind us of similar reports concerning our own enterprise. There is no reason why any visitor at Jamestown should suffer in the least from overcharge for entertainment; the management of the exposition have issued a little booklet containing maps and a very complete list of hotels, boarding and lodging houses within reasonable distance from the exposition with capacity and rates in each which will serve as a guide, and will determine charges. The rates quoted are as low as can be had in any large city at any time, and are remarkable for their moderateness.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Fasting as an Advertisement.

THE methods employed by physicians to obtain publicity have always been of a character to excite wonder and amusement, and the physician of these earlier twentieth century days seems to be no more ingenious in this than was his fellow of a century earlier. The endeavor to do something which will attract attention, and that under the guise of scientific investigation is a tale as old as the profession. As a body the laity does not see that these experiments are scientifically worthless, and that they are rarely made by men to whom we could by any possibility look for scientific discoveries. The daily press has lately kept us informed of the progress of a fast which they appear to think is going to revolutionize our science. In a village not far distant from St. Louis there resides a physician who is credited by Polk's Register with being a Regular and a graduate of a physio-medic school, who was graduated in 1903, he is also an osteopath, and consequently "neither fish nor flesh." From an unconquerable scientific impulse he began a fast on June 1st, and found ready space for the recording of his sensations and progress in the local papers, these presently found their way to the metropolitan dailies and with wider publicity the importance of what he was doing grew until at its close his feat is given space which might put him in the class with Beaumont were we to judge merit by printer's ink and sensationalism. As a matter of fact he has accomplished nothing for science beyond a record of his daily loss in weight. The press hints that various forms of disease will be conquered by periods of absolute fast, and that it was to determine this that this *scientist* undertook the experiment, but we have yet to learn from what diseases the doctor was suffering, unless a surplus of flesh could be

denominated a disease. We are ready to acknowledge that he did reduce his flesh somewhat. He says that he was "*threatened with* albuminuria and functional disease of the heart" some twelve years since and recognizing his precarious condition he began short fasts and overcame the impending fate, reduced his flesh and felt himself regenerated. This seems to have been the germ which grew into the present fast of thirty days, though whether the *threatened albuminuria* returned is not stated.

To be really valuable to the profession such an experiment would have to be made under scientific auspices and with scientific observers, the exact physical condition at the outset would have to be determined and an accurate record from day tc day kept not alone of weight and pulse, but of the action of all the vital organs. We know that many people eat too much, and many eat too little, and many eat injudiciously. We all of us are constantly preaching the exercise of better judgment in the matter of diet and mighty little good it does. The same can be said of drinking water, of breathing pure air, or of sleeping habits. The Belleville experiment has given us no additional ammunition, we have from it no new argument why men should cease to abuse their digestive systems, nor any really intelligent way to reformation.

Anyhow. The doctor has fasted and reduced his flesh. He feels better. His picture has been many times published, we think it has appeared in each of our dailies. After looking at one of these we concluded that he must have missed seeing it, else he could not honestly say that he was satisfied with the experiment.

The Medical Department of Missouri State University.

THE announcement comes today that the State University through its Board of Curators has concluded negotiations and has accepted to be incorporated into its Medical Department the Barnes University of this city. This gives the State school the ground, buildings and equipment of the medical, dental and pharmaceutical departments of Barnes University and of Centenary Hospital, the valuation of which is conservatively estimated at about $350,000. Beyond any money valuation and beyond estimation is the worth of this move to the State and to St. Louis. Our State University occupies a prominent position among the univerities of the country, it ranks closely with the few greatest school of the country and draws students from all the corners of the earth. Its medical department though giving a high grade of scientific education has lacked clinical facilities, and has never attracted students as it can under the new regime, it has always been a small school. The imperative need of clinical facilities has long been recognized and negotiations have been on with both St. Louis and Kansas City as aspirants for some time. The final decision comes most happily and means much to the St. Louis profession.

The Board of Curators announces that the University will not undertake the management of the local institution until the beginning of the fall session of 1908. It is then their purpose to offer facilities and courses which will place the school abreast with the best to be found in America. It is the present plan to continue giving the freshman and sophomore courses at Columbia, and the junior and senior courses will be given here. The hospital will be converted into a strictly charitable institution and will be devoted to the needs of the clinical department.

The buildings and location are admirably suited to the needs of the state school. The buildings are better in every respect than those of any other school and are sufficiently commodious for the elaboration of the different departments. The selection of its faculty and the development of the school are matters which must be of great interest for which we must look to the future.

Christian Science.

OUR comments relative to the serial on christian science which is now running in McClure's Magazine has attracted the attention of the publicity department of that sect, and they have sent us a communication, which they request published, referring to articles which tell a different story. It is always our purpose to be perfectly fair, but where we are so definitely unable to recognize some of the foundation principles of a cult, fairness does not demand that we take the responsibility of advancing its cause, and this might be the result of such publication. Until we destroy some terms in the English language and substitute therefor others having a very different meaning christian science is neither christian nor scientific. A few evenings since we were talking with one of the most prominent healers of this cult in St. Louis and he stated he knew that the medical profession was rapidly coming to recognize that no drug had any inherent property, that all drugs are inert except as endowed by the mind with cer-

tain properties. Now isn't that scientific. He further said he considered the drug a hindrance, and believed in letting the infinite mind do the work of itself. Now we do not see much science in this. Another refers to pain as *error*. Now when I suffer pain it is *pain* and it is untrue and unchristian for me to call it by a different name. We do not propose continuing the discussion, they have brilliant minds among them, and many probably who could out debate us, but none who can change the foundation facts. Christian science is living longer than most of its kind, it is prospering; a lack of spirituality in the churches and of christianity in the medical profession is largely responsible for its existence and continuation.

Pilocarpin as an Adjuvant in the Treatment of Syphilis.

We have a number of practical therapeutic points for which we may thank Dr. Wm. J. Robinson, not the least of which was advanced under the above title in the Medical Record of June 15. Dr. Robinson advocates the use of pilocarpin as an adjuvant to mercury in cases in which the system has become saturated with mercury and it has ceased to have the desired effect. The glands continue hard, swollen, and tender, and stomatitis is marked. Gastrointestinal, hepatic renal, and skin activity have been neglected. The pilocarpin causes the elimination of mercury that was stored up in the salivary glands and acting as a toxic body. In the bowels and kidneys the elimination has been too great for the organs and the pilocarpin causes the skin to act and carries the mercury to the seat of the skin lesions. The author recommends its use in doses of two to eight milligrams two or three times a day, without other drugs. It is of much value in secondary manifestations, and is a most remarkable glandular eliminant. In some cases supersaturation with mercury produces intolerance of the drug and the use of pilocarpin for a short time will enable us to resume mercury with excellent effect.

Home Weeks.—Ohio is preparing for a home coming of her children who have left Buckeyedom and are scattered over the world. The first week in September has been determined on for the return of the wanderers, and it is expected that almost every community will have numerous guests. Buffalo, N. Y., has a like celebration planned for the same week, though of lesser scope, it will be well worth attending.

The cessation of severe pain during the course of acute appendicitis often means perforation.

The Stork in the Lead.—St. Louis boasts a birth rate of better than 100 in excess of its death rate for the week ending June 29. There were 272 births and 169 deaths. Measles which have been so prevalent here for some time are on a decided decline.

Medical Society of the Missouri Valley.—The annual meeting of this association will be held in Council Bluffs, Iowa, on Thursday and Friday, September 5 and 6, 1907, under the presidency of Dr. O. Beverly Campbell, of St. Joseph. The fall meetings of this society are always interesting and largely attended. Dr. Donald Macrae is chairman of the Arrangement Committee, which insures a pleasant time for those who attend. Papers are solicited, and will be placed on the program in the order in which they are received. Contributions from internists especially desired. Send titles to the secretary, Dr. Chas. Wood Fassett, St. Joseph, Mo.

Medical Department Endowment.—The alumni of the medical department of Washington University are endeavoring to raise within their ranks an endowment fund of such material proportions as will produce an income which will assist in meeting the expenses of the department. Under the existing conditions the income of the department is considerably less than its expenditures and the University has an annual deficit to meet. The endowment is urgently needed, and it is hoped that every alumnus of the old Missouri, of the St. Louis and of the combined schools will feel so deeply interested as to contribute as freely as his means will admit of doing. The chairman of the committee having the matter in hand is Dr. W. S. Deutsch.

The Interstate Medical Journal (St. Louis) announces the purchase of the St. Louis Courier of Medicine, one of the oldest medical journals in the West, and its consolidation with the Interstate on July 1st. The St. Louis Courier of Medicine was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country. This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the Interstate adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the Interstate during the past few years.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

PRINCIPLES AND APPLICATIONS OF LOCAL TREATMENT IN DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the New York Skin and Cancer Hospital. etc. Small 8vo., 142 pages. New York: Rebman Company. (Price, Cloth, $1.00.)

This work is intended more for the general practitioner than the specialist, and contains much information on the principles of local treatment. The volume comprises four lectures given to practising physicians at the New York Skin and Cancer Hospital during 1906. Chapter I deals especially with (a) the aims to be accomplished by local treatment; (b) the principle involved in external therapeutics, and (c) the effects to be expected from local treatment. Chapter II deals with (a) the various mostly used ingredients, and the forms of local applications, e.g., soothing, protective, etc.; (b) modes of making applications to the skin and the removal of the same; (c) the general treatment of the skin. Chapters III and IV deal with dermatological surgery, electricity in dermatology, and short suggestions for the treatment of many of the more common skin affections. The wide experience of the author renders the work especially profitable, and it will prove of value to the general practitioner in many a perplexing case.

THE PRACTICE OF OBSTETRICS. By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume of 786 pages, with 445 engravings in black and colors and 36 full-page colored plates. New York and Philadelphia: Lea Brothers & Co. (Cloth, $5.00. net; leather, $6.00, net; half-morocco, $6.50, net.)

It is quite a rare occurrence in medical literature to find a work of composite authorship appearing in successive new editions. Generally the demand finished by the first issue. This fact has been the subject of some speculation, the general explanation being that a composite book, perishing in what should its youth, fails in adaptation to its environment in one or both of two essentials: it lacks either the homogeneity or the completeness of a good book by a single author. This defect, however, is individual with the book, and not inherent in the plan. There are indeed, manifest advantages in handling a major subject by collaboration, the most conspicuous being the higher and more uniform level of authority thus attainable. Completeness without duplication is a matter of proper editing. Applying these considerations to a concrete case, it may be inferred that the demand for successive editions of Jewett's Practice of Obstetrics by American Authors indicates a well-edited work of proved high quality. Dr. Jewett and his corps of co-authors have again revised their work thoroughly to the latest date, both in text and in illustrations, in which it has always been notably rich. It is a work equally suited to the needs of obstetrician or student.

SCHLEIF'S MATERIA MEDICA AND THERAPEUTICS. A Pocket Text-Book of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Pharmacy. By William Schleif, Ph.G., M.D., University of Pennsylvania, Philadelphia. New (3d) edition, 12mo. 470 pages. Philadelphia and New York: Lea Brothers & Co., 1907. (Cloth, $2.50, net.)

The third edition of this work, the author has brought up-to-date his comprehensive and ready reference book on materia medica and therapeutics. In addition to the various chapters on the action, properties and toxic principles of each drug there are found paragraphs on prescription writing, medical latin and anesthesia. It also embodies tables of doses both in the metric and apothecary systems; of poisons, their antidotes. In the present volume, the entire field of materia medica and therapeutics has been gone into bringing this volume up to the requirements of the pharmacopeia. There are some sixty new drugs added, thus increasing the volume a hundred pages. It is especially valuable to the busy practitioner who is looking for a work of this kind where he can avoid a great deal of collateral reading.

Severe pain in the knee joint with redness and high temperature may mean an inflammatory condition of the joint or adjacent bone, but it also may be due to a phlebitis of the superficial veins of the leg.

DEFINITE action was taken June 19 by the American Institute of Homeopaths, in session at Jamestown, looking to the establishment of a permanent standing council on medical education. Five members were elected to the council, and were instructed to proceed along the lines of the similar council, which is a part of the American Medical Association. The establishment of the council was the result of the report of the Committee on Conference with the American Medical Association. This committee was organized in 1905 for conference with the view of insuring uniformity in medical education.

NATIONAL MEDICAL ECLECTIC SOCIETY.—The following officers were elected at the recent meeting Los Angeles, Cal.: President, Dr. L. A. Pierce, Long Beach, Cal.; first vice-president, Dr. L. A. Strome, Covington, Ky.; second vice-president, Dr. E. P. Blaborg, St. Louis; third vice-president, Earl H. King, New York; recording secretary, W. P. Best, Minneapolis, re-elected; treasurer, E. G. Sharp, Guthrie, Ok.; corresponding secretary, Hugh H. Helbing, St. Louis. Kansas City is selected for the next annual meeting, June, 1908.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

DERMATOLOGY.

ROBERT H. DAVIS, A. M., M. D.

Danger Signals from the Skin.—Bulkley (Jour. A. M. A., May 25, 1907) calls timely attention to the danger and absurdity of the frequent practice of physicians to regard skin eruptions as merely local or accidental phenomena requiring only local treatment. The most important instance cited is, as was to be expected, syphilis, which, as all know, is principally recognized through its cutaneous manifestation, and which, when insufficiently treated is so often responsible for most serious lesions in many organs. It has been the author's experience that the profession at large do not fully appreciate the dangers of syphilis, or at least do not warn their patients sufficiently to prevent them discontinuing the treatment too soon. He says that "many cases of incipient locomotor ataxia can be prevented, many cases of chorioditis ending in blindness, many cases of brain tumor, and various woeful results of syphilitic endarteritis, as also disease of the heart, liver, kidneys, etc., can be averted by prompt and vigorous treatment based on a recognition of a syphilitic cause." It has been his experience also that cases of extra genital infection prove the most serious, but this statement is combatted by some other competent clinicians.

As regards eczema the following important observations are made that (a) a generalized eczema, or one affecting many localities is very frequently a sign of nervous or physical breakdown, often revealing gross errors in life or habits; (b) a localized neurotic eczema of the hands or about the mouth also often indicates a nervous strain; (c) eczema about the eyes is sometimes due to eye-strain or errors of accommodation; (d) eczema is not infrequently met with "in those of full, plethoric habit, with a hard bounding pulse, showing metabolic errors leading to kidney disease or apoplexy;" (e) eczema often occurs in patients having a weak, flabby pulse, indicating anemia or debilitation. As regards acne, he reminds us that it is frequently the sign of grave metabolic disturbances, dependent on gross errors of diet and hygiene, and often associated with constipation and gastric disorder. In many instances anemia is the underlying cause, and it is often "one of the first signs of breakdown from overstudy and confinement, or from a combination of these and society dissipation. Often these patients have cold, clammy hands and feet. Menstrual disorder is a well-known predisposing and continuing cause, and an excessive localization on the chin has, in the author's experience, frequently pointed to some pelvic complication. Psoriasis often follows nervous strain, or returns with the prostration attendant on nursing an infant. Often kidney disturbance precedes or attends an outbreak. Chronic urticaria and erythema multiforme are signs of metabolic disturbance and intestinal indigestion, as is well-known. The latter is sometimes observed with a hard bounding pulse and high arterial tension. Severe general or localized pruritus is often, like neuralgia, a nerve cry, indicating a lowered nerve vitality. Purpura rheumatica and erythema nodosum are commonly recognized as dependent on rheumatic condition. Petechial and erythematous rashes are not infrequent accompaniments of malignant endocarditis, or septicemia and pyemia. Purpuric lesions are an important symptom of epidemic cerebrospinal meningitis, while the rose spots in typhoid, and the pigmentary changes in Addison's, Graves' and Hodgkin's diseases, are well-known.

Diet as an Etiological Factor in Diseases of the Skin.—Stelwagon (Jour. Cut. Dis., April, 1907) presents an interesting and practical paper on this subject, on which so many varying opinions are held both by physicians and the laity, and about which so little is accurately known. He suggests the following groups or divisions of possible food action: 1. Idiosyncrasy. 2. Direct local action. 3. By engendering nervous excitement or depression. 4. Incompatible or irrational mixtures. 5. Underfeeding and overfeeding including improper feeding. 6. Toxic changes in foods due to improper or too prolonged keep. 7. Chemical food preservatives. As to the various divisions: 1. All physicians know of the action, in certain persons, of strawberries, crabs, lobster, etc., and less frequently of pork, fish, oysters and acid fruits. 2. Examples are from time to time seen of acid fruit, tomatoes, peppery and other hot sauces, nuts, etc., producing an irritable, eczematoid condition of the lips and mucous membranes of the mouth, or aggravating such already existing condition. 3. He includes under this head excessive tea or coffee drinking, the inordinate, or sometimes even slight, use of tobacco, and the excessive, or at times even moderate, use of alcoholic drinks. These influence such diseases as acne, acne rosacea, eczema, eczema seborrhoicum, and pruritus. 4. Here are placed the causative or prejudicial influence of oatmeal and other cereals and buckwheat cakes. The author however, believes that these articles are prob,

ably not at all damaging in themselves, but that the harm results from the abundant amount of sugar or syrup that is usually added to them; or possibly from the fact "that the acid orange, or grape fruit, often eaten as the first food article, is followed by the sugared cereal with an abundance of cream —the combination of cream and raw fruits, and even cooked acid fruits disagreeing with many people." Incomplete cooking of oatmeal may at times be the cause of the trouble. 5. Over- and underfeeding is often a cause of skin trouble. The fad of rapid fat reduction, especially in women, means often insufficient feeding, and often, thereby, produces eczema, or at least furnishes a contributing factor in those thus inclined. Overfeeding is often in a measure responsible for many cases of eczema in adults, but especially in babies and young children. The modus operandi here is probably that the whole system becomes surcharged with improperly digested food elements, and, elimination being incomplete, some of these products attempt to find egress by the skin, especially in those subjects in whom kidney or intestinal functions are sluggish or defective. This, of course, acts directly upon the skin, then, as an irritant. Incomplete mastication of food is often a cause of the faulty digestion and consequent conditions above noted. As to a proper diet, the author believes that a mixed diet is undoubtedly best in general, but that there are some who enjoy better health on a largely vegetable diet, while others do better with meats in excess. He disagrees with the common idea that a "gouty" eczema is often due to an excess of red meat, and says, on the contrary, that a moderate to full allowance of beef with a cutting off of starches and sweets is much more frequently beneficial than suppressing red meat food. 6. As regards toxic changes in foods due to improper or too prolonged keep, it is probable that many cases attributed to idiosyncrasy could be better explained under this heading. Many of the so-called toxic erythemas occur more frequently in spring and autumn, "those interim periods between the settled cold and heated terms in which the proper degree of cold or icing in preserving foods is apt to be somewhat relaxed." Meats that have been kept long in cold storage, especially if the degree of cold has at times been relaxed, may undergo toxic changes not necesarily perceptible to the ordinary senses, and thus produce in susceptible individuals erythematous or other outbreaks. 7. Chemical preservatives may have an etiologic role, due either directly to the drug, in certain individuals; or more probably to "the toxic changes in the foods in consequence of the lack of supervision engendered by over-confidence in the keeping qualities of the chemical preservatives."

Diet as a Therapeutic Measure in Diseases of the Skin.—G. H. Fox (Jour. Cut. Dis., April, 1907) gives an interesting resume of his experience in this line rather than a theory of action. He draws especial attention to the necessity of properly preparing food, and says, if he had to choose between the cook and the apothecary as a co-laborer, he would choose the former. Attention is called to the fact that the majority of patients eat too much. While some suffer from malnutrition, and need to be better nourished before their trouble can be radically cured, yet even these can often be benefited by a temporary restriction in diet. Few people will admit that they eat too much, the worse offenders often protesting that they eat very little, and live on very plain food. An excess of nitrogenous food, he is convinced, is prejudicial to the health of both mind and body, and responsible for the existence and persistence of many cutaneous afflictions, as well as of many of the conditions formerly ascribed to malaria, and not to uric acidemia. A change of diet is often beneficial, even if the diet being taken is theoretically good. The practical point is made of telling the patient what to eat and not what to avoid. Thereby we are certain of what they are eating, even though the restricted dietary appears to them to work a hardship for a while. The oft quoted command, "avoid sweets and starchy foods," the author believes largely a fad, and says he has never known sugar or starch, not taken in excess or between meals, to aggravate an acne or other skin disease. Nor does he advise against fresh fish in cases of urticaria. The common advice, "avoid fried foods" is also of little worth, the chief point, in his experience being not so much whether the article of diet was fried, or roasted, etc., as whether such cooking was properly performed. Patients should avoid hasty and irregular eating, and meals taken under the stress of excitement or worry. Such habits not only are harmful to the general condition, but also are often productive of inflammatory skin diseases. In conclusion, special attention is called to exercise and cold bathing as important adjuvants to diet. These three constitute the reliance of every athletic trainer, and as he always enforces his commands he often cures a chronic skin trouble of inflammatory nature where a skilled physician, on whose prescription alone the patient relied, has failed. (In the discussion following the above papers, Dr. Foster reported two cases of psoriasis that

recovered, one completely, by being put on a vegetarian diet. Drs. Gilchrist, Winfield and Fox emphasize the importance of keeping the organs of elimination functioning properly, and the advantage of free water drinking especially between meals.

THERAPEUTICS.

A. C. F. BROWN, M. D.

Rheumatism: Acute and Subacute.—Q. C. Smith (Southern Practitioner, Vol. XXIX, No. 6) advises the skilful application of heat, liniments, electricity with massage in almost every case. He gives the following contitutional remedies: For the pains:

℞ Pulv. gum guiaicum.....
Aspirin.....aa gr. 100
M. Ft. powder, No. xx.

Sig.: One every three hours when awake until pains are greatly mitigated, then three times daily after meals until pains are entirely relieved. Keep bowels moving freely once or twice daily. The following is efficacious:

℞ Euonymin..... gr. 12
Chionanthin.....
Cascarin.....aa gr. 6
Leptandrin.....,
Juglandin.....
Aloin.....aa gr. 3
M. Ft. pil. No. xxiv.

Sig.: One or two pills twice daily to move bowels.

A digestive tonic is also included in this course of treatment, which is to be given till patient is strong, sound and well, viz.:

℞ Mur. hydrastis.....
Cimicifugin.....
Xanthoxylin.....
Euonymin.....aa gr. 6
M. ft. Pil. No. XXIV.

Sig. One pill t.i.d. soon after meals.

In this connection we quote Crandall (Inter. Clinics, Vol. I, 3d series): "In the treatment of rheumatism we are not doing justice to our patients if we only attempt to control the arthritis and reduce pain. We must not forget the most important and dangerous of its manifestations—Endocarditis. Successful treatment will alone accomplish results; reduction of fever; control of arthritis; relief of pain, and prevention of endocarditis. The use of salicylate of sodium now so prevalent does not fulfil all the requirements. It relieves the subjective symptoms more promptly than any other mode of treatment, but it does not materially lessen the danger of endocardial inflammation. The alkaline treatment is much slower, but the cure more permanent and the danger of endocarditis is decidedly less."

Hargens (Jour. A.M.A., Vol. XLVI, No. 9) says by eliminating errors in diagnosis and rigidly carrying out the treatment indicated, one will be eminently successful. Cases complicated by cardiac involvement are those complicated by infection, and this element must be recognized in the treatment. He believes without the tub bath there will be more or less failure. Two elements of treatment have impressed him: first, the limiting the quantity of food taken and the withdrawal of all proteid or xanthin forming foods; and secondly, the importance of the care of the skin and profuse elimination from all the emunctories. There are eight steps to be followed in his routine treatment of acute articular rheumatism: 1. He places the patient in bed between woolen blankets wearing a flannel night gown with open sleeves. Keeping the bedding dry at all times. Insist on absolute quiet. 2. Food of all kind is withdrawn until the alimentary tract is emptied and cleansed. For the first few days, skim milk is employed, then stale bread given with milk products. Should the milk not be well taken, cereals and buttermilk may be used. Tea, coffee, cocoa and chocolate is excluded in the acute stages, after which fish, oysters and the white meat of fowls may be taken. Easily digested vegetables are permitted. 3. A vigorous dose of calomel followed by a saline to keep the bowels moving two to four times a day is given, or any of the saline laxatives. The author is partial to magnesium sulphate. 4. Baths are to be given, beginning with a temperature of 98 deg. and after the patient has been in the tub for five minutes, hot water is added bringing up the temperature to 102 deg; the patient is kept in the bath for fifteen minutes, during which time the skin is subjected to gentle friction, massage and passive movements. On removing the patient from the bath care should be taken not to expose the skin to the air, but envelop him with a warm blanket and get him to bed surrounding him with hot water bottles, gradually bringing on free prespiration, this is to be kept up from three-quarters to an hour and a half. 5. You can begin now by giving sodium salicylate in ten to fifteen grain doses with a glass of alkaline mineral water every two hours. Milk may be given with a little seltzer water if the sodium salicylate causes gastric disturbances. The author seldom uses more than two drams of the salicylate of sodium in twenty-four hours, and he deems this sufficient in all cases. 6. The system is to be flooded by the internal administration of large quantities of an alkaline mineral water giving it at regular stated intervals. Should the mineral water

not be at hand, pure water holding in solution sodium bicarbonate, or the citrate of potassium. The urine should be kept alkaline or neutral by the administration of alkaline mineral water. 7. To the joints can be applied hot fomentations wrapping them in cotton batting or wool and applying a splint. 8. Caution against exposure. Unless the weather is warm, dry and free from sudden changes the patient is to be kept in bed at least a week after the temperature has become normal. It is surprising how little exposure will bring on another attack within a week or ten days following apparent recovery. He advises to get rid of the salicylate soon as possible and substitute the syrup of iodide of iron and Fowler's solution, as these patients become weak and anemic."

Stockman (Jour. A.M.A., abstract from British Med. Jour., Nov., 1906) says that there can be no reasonable doubt that compounds of salicylic acid, or substances from which it can be formed in the body, have a specific action against the poison of acute rheumatism. It is evident that salicylates in acute rheumatism frequently exert an action too feeble to cut short that disease satisfactorily, and this is most apparent when the inflammation is seated in the fibrous tissues connected with the muscles and joints, or in the valves of the heart.

Clarke (Amer. Jour. Med. Sciences, Sept., 1906) discusses the effects of large doses of salicylates as high as 20 grains hourly in the treatment of articular acute rheumatism. The method of treatment employed by him consisted of giving sodium salicylate every hour, if the patient was awake, in doses varying from 10 to 20 grains, until toxic symptoms appeared. The salicylate was then stopped to be resumed when the symptoms disappeared, and then given in doses of 10 to 20 grains every two to four hours, stopping again with each recurrence of toxic symptoms. The amount of salicylate required to produce symptoms of its full effect has varied from 75 to 360 grains. Clarke says that these massive doses are borne well, as a rule, without vomiting, nausea or depression. The effect of this sudden saturation with the drug is a very rapid fall of the temperature to normal. The relief obtained is most striking. The swelling subsides rapidly, sometimes before the pain, and sometimes persists in a mild degree for a day or two longer. Cardiac complications instead of being increased in frequency by this method of treatment, seem to be lessened. Clarke urges that the toxic symptoms must be watched for, carefully the drug being stopped immediately on their appearance.

"Each remedy has its advocates who base their opinion as to its efficacy upon the rapidity with which in certain cases, the symptoms of the disease disappear after its employment. But when uncomplicated by cardiac affection the disease usually terminates sooner or later in recovery and sometimes subsides with marvelous rapidity under every variety of remedy. It is obvious that no sound inference can be drawn as to the success of any particular method of treatment, unless such treatment has been largely adopted, and has been attended with tolerably uniform results. I may say without fear of contradiction that each and every plan of treatment which has heretofore been proposed has been regarded by the profession as unsatisfactory. If in one person's hands any particular remedial course has proved efficient it has signally failed in those of another. What is useful at one time proves useless and injurious at another, under different circumstances of age, sex, constitution and the like."

GYNECOLOGY AND OBSTETRICS.

Abdominal Pregnancy.— (John Egerton Cannaday, M.D., Hansford, W.Va., surgeon-in-charge, Sheltering Arms Hospital; an abstract from a paper published in the N. Y. Medical Journal.)—After discussing the history of the lesion so far as the surgical knowledge of it is concerned the author states that only during the last fifty years has its treatment been worthy of consideration. Lawson Tait has been the pathfinder in this as in some other subjects. The statistics of frequency vary according to the accounts of different observers. About 8% of all cases of extra-uterine pregnancy are said to be abdominal in character.

The symptoms are divided into those common to all varieties, and those peculiar to individual varieties. Of the first class are the reflex symptoms which belong to all normal pregnancies. The nausea and vomiting are commonly severe and begin usually early in pregnancy. Two symptoms specifically point to extra-uterine gestation. They are the bloody discharge, and the abdominal pains which are as a rule colicky and sharp, they start from the region of the tumor and radiate downwards and outwards. These pains may begin about the first of the second month and last throughout pregnancy. The acme of their severity is about each menstrual period, and there may be an intermission of entire freedom from them between the periods. During these attacks of pain the abdomen may be swollen and tender to the touch.

The pulse is accelerated, but there is not temperature rise. The bloody discharge from the uterus occurs in a majority of patients. This phenomenon is usually accompanied by pain and the expulsion of the decidual membrane, the discharge being due to rupture of the decidua, of a sero-purulent, coffee colored or reddish nature, and may be apparently so profuse as to call for the tamponade. In the primary abdominal type there may be no disturbance of the menstrual function. The return of the menses is indicative of fetal death. The rectum may be irritable, and pulsation can often be elicited by vaginal palpation. The most typical symptom is metrorrhagia coincident with the symptoms of pregnancy in its early stages. If associated with this is a discharge of decidual tissue one should expect extra-uterine gestation.

False labor may be premature, happening at the seventh or eighth month, but usually makes its appearance at term, rarely afterwards. At the same time the patient has intermittent pain analogous to true labor pains. The cervix does not become obliterated, but dilates sufficiently for the entrance of one or two fingers. After the decidua is expelled the pain ceases and does not return unless there has been a rupture of the fetal sac. The signs of labor will disappear, and milk will come in the breasts.

The symptoms of rupture are sudden and severe pain radiating over the abdomen, rapid weak pulse, air hunger, shock, and other concomitants of hemorrhage. There is apt to be nausea, hiccough, extreme tenderness of the abdominal walls. The escape of the fetus from the tube without much loss of blood is marked by severe pain referable usually to the side, tenderness of the abdomen, and often a temperature rise. The rupture may be spontaneous or provoked by some slight trauma.

Physical Diagnosis.—The os and cervix are often soft, and either firmly confined by adhesions or pushed entirely out of their natural position by the rapidly enlarging cyst. Fetal pulsation may be felt through the vaginal wall, and the fetus can at times be outlined in the same way. There are two tumors, one of which is usually situated to the right or left of the median line. A sulcus between the adventitious body and the cervix can be made out. In some cases the fetus is palpable through the abdominal wall. On manual examination of a cyst containing a dead fetus of considerable size crepitation of the bones may be obtained. The uterus remains stationary in size after the fourth month. Fetal heart sounds and movements are discernible after the fifth month.

Diagnosis.—The diagnosis is nearly always difficult, and cannot be made with certainty during the first period. At that time diagnosis of probability constitutes an ample reason for surgical interference. It may be taken for ovarian cysts, fibroid tumors, several forms of salpingitis, and hemtocele. It may possibly be differentiated from these by the history, the malposition of the uterus, and the disturbance of pregnancy. In the second period of pregnancy diagnosis is not so difficult, but it is nearly always impossible to distinguish one variety from another. In making a diagnosis we have what we can elicit from the story of the patient in her own words, her replies to minute questionings, and a physical examination. After the escape of the fetus from the tube and the beginning of the secondary abdominal type, the acute symptoms may subside, but there are apt to be recurrent attacks of pain. An apparently normal condition necessarily tends to throw the physicians and patient off their guard. The diagnosis is naturally difficult, because of the irregularity of the symptoms, the frequency with which it is simulated by other conditions, and the ease with which the bleeding with or without expulsion of the decidua may be taken for an ordinary abortion. Probably there are few conditions more plain to the careful observer than a typical case of exfetation, but comparatively few cases are typical. The diagnosis of abdominal pregnancy is rather rarely made prior to false labor for the reason that the physician's attention is seldom called to the case. We should regard sudden collapse associated with pallor and other symptoms of intra-abdominal hemorrhage in any woman having a possibility of pregnancy as prima facie evidence of a ruptured ectopic gestation sac. A period of amenorrhea usually precedes the bloody discharge which does not correspond in nature nor necessarily in point of time with the natural monthly bleeding. Important points relative to the bleeding are the color, the persistence, and the presence of membrane or pieces of membrane. Among the more characteristic symptoms are the variable period of amenorrhea, irregular uterine hemorrhage, pelvic pain, and discomfort, and the shedding of the uterine decidua. This pregnancy is like a mine already to explode without a moment's notice, and it is highly important that the patient be in easy reach of competent surgical skill at all times. It is nearly always best to approach these pregnancies by a median laparotomy. Complete removal of fetus, membranes, and placenta is highly desirable. By reason of dense adhesions, great danger of hemorrhage or dangerous condition of the patient this procedure will at times be impossible. Under such cir-

cumstances the edges of the opening in the sac should be sutured to the parietal peritoneum and the sac carefully drained. The placenta in such cases will come away gradually by fragments, and in two or three weeks its exfoliation will have been complete. Surgical intervention should take place as early as possible after the death of the fetus. If the cyst in such case is in the cul-de-sac vaginal section is appropriate, after the extraction of fetus and placenta the cavity had best be packed with a five per cent iodoform gauze. I wish to urgently emphasize the absolute necessity for removal as early as a diagnosis can be made and the stringent indication for immediate operation when we see a pregnant woman showing symptoms of intra-abdominal hemorrhage.

The author reports a case in which the diagnosis was made prior to rupture, but operation was not resorted to until a short time after rupture had taken place. Although the placental implantation was very extensive a complete operation was performed. Although the patient was in a very bad condition from hemorrhage and shock under prompt stimulation she reacted and made an excellent recovery, the wound uniting by primary intention without drainage.

The writer summarizes his paper as follows: The greater frequency of ectopic pregnancy than the number of observed cases would lead us to believe: the usually irrevelant and atypical nature of the symptoms; the difficulties in the way of making a diagnosis and necessity for a careful study of the cases, in which the condition might be suspected, both in its present and past aspects; the importance of studying the character of the uterine discharges; the association of this with pelvic pain and discomfort, and the signs of pregnancy; the advantages of prompt operation, removal of blood and other debris by dry sponging without irrigation, thorough hemostasis, and the closure of the wound without drainage.

Sterilization of the Insane and Criminals.—The King County Medical Society of Washington, has had this subject up for consideration, and discussed it with vigor. They went on record as favoring such practice. This reform measure has advanced to such a stage in Wisconsin, where the legislative committee which has investigated the asylums will recommend the enactment of a law to sterilize the chronically insane and hopelessly feeble minded, believing that this is the best method of protecting society against the increase of these unfortunates and degenerate persons.

CLINICAL THERAPEUTICS

A forum of original experience, to which scientific contributions are invited. Responsibility for views promulgated limited to author.

Quinin Injections and Tetanus.— Having had his attention called recently to a severe case of tetanus following an injection of quinin hydrochlorate, Dr. E. F. McCampbell, Columbus, Ohio (Jour. A.M.A., March 16), reundertook a series of experiments previously performed by him to test the conclusions of Vincent (Tetanos et Quinine. Annales de l'Institut Pasteur, 1904, xviii, 728) that the injection of quinin had a favoring action on the development of tetanus. His earlier results were entirely negative and he therefore carefully followed up Vincent's claims and here reports the results of two carefully conducted series of experiments. He finds that the salts of quinin have a feebly antiseptic action on the spores of tetanus, that of the hydrochlorate being the greatest. The lethal dose of neutral hydrochlorate of quinin is from 1-3500 to 1-4000 of the weight of the guinea-pig and from 1-4000 to 1-5000 of the weight of the rabbit. The dose varies with the age, young animals being most susceptible. Hydrochlorate of quinin has a paralysing effect varying in different animals, which McCampbell attributes to the coagulating action on the proptoplasm of the peripheral nerves. Atrophy of the extermities results after long doses. In cases of tetanus in experimental animals which had been injected with hydrochlorate of quinin the disease resulted only in those cases in which there was a mixed infection. The quinin may have aided by its corrosive action in favoring this secondary infection, and it is possible that it may have acted as an additional irritant to the nervous system, rendering it less resistant, but any other mild corrosive substance could act the same way. In cases in which tetanus did not result after injections and there was no secondary infection, the spores had evidently undergone phagocytosis by the leucocytes or tissues, as none of them were ever found. Hydrochlorate of quinin is unable to favor a tetanus infection other than in the above indirect way. It has not the power to awaken an infection when injected at the same time with the tetanus spores or at other times. It causes a slight leucocytosis and has a slight paralyzing effect on the leucocytes. If this were so extensive as to involve the majority of the leucocytes of the body, it is possible that the spores of tetanus might develop unhindered as is the case when lactic acid is injected; but in that case the toxic effects of the quinin itself would be manifested and would

probably cause the death of the animal. McCampbell believes that in most of the cases in which tetanus has followed quinin injections it can be traced to some fault of surgical technic or to some contamination of the quinin solution. The tissue necrosis from the quinin injection would favor infection by tetanus germs as well as by other bacteria. He does not think that there is sufficient proof that the tetanus spores can be transported from point to point according as the quinin is injected, nor that it is possible for the healthy living spores of tetanus to be present in the body and to develop a severe and fatal infection on the advent of an injection of hydrochlorate of quinin.

Some Modern Revelations of Science of Interest to the Deaf.—(By L. E. Potter, M. D., 518 Missouri Trust Building, St. Louis). —Scientific investigation moves slowly. The conscientious student of the facts of truth will be the last to make hasty prophesy concerning the utility of these facts, for example, when the telephone was in its babyhood so little was dreamed of its vast practical possibilities, that as a commercial value it was a drug on the market. So, also with spectacles.

During the last twenty years, there has been quietly at work in a comparatively new field of investigation a body of scientific men, among whom may be numbered no lesser names than Sir Wm. Crooks of X-ray fame, Sir Oliver Lodge of Europe, and Prof. Wm. James, Prof. Elmer Gates and Prof. James Hyslop of this country, and these men have demonstrated that what we call our five sense world of sensation and perception is but a fraction of our real possession. In other words, what we hear through the mechanism of the human ear is but a partial expression of what we ought to hear.

The ear, in, the beginning, was but a spot of protoplasm which has enlarged its functions to its present complexity through stimulation, that is, repeated sensations from its environment. This implies two facts: 1st, that the power of hearing proceeds, and is independent of the specialized sense organs which it has developed; 2d, that in the event of injury through disease of this specialized media, this power may, through proper stimulation, be invoked for the purpose of revitalizing the old tissues, and for forming new.

We find this principle operative, not only in the auditory cells, but in all living structure, for example, in injury to the brain, the brain elements which remain uninjured slowly assume functions which apparently they never exercised before, rearranging paths of cerebral communciation in order to get the old efficiency out of the damaged brain material. Thus, when the bony media, or the nervous structures of the ear lose, through disease, their power, it may be revived through this central activity. How? Psychology tells us that sensations are accompanied by a development of potential energy which passes into a kinetic state; that is, if the human ear receives, under proper conditions, a sufficient number of sound sensations it hears normally. If this number be lessened we have, as a result of this lost energy, the different degrees of deafness, in other words, starve the auditory cells of stimulus, and they cease to act. Splint your arm and it becomes inactive. If no attempt be made to make good this loss, the structures waste and die. Thus, a partially deaf person, making no effort to supply to the starving nerves the necessary stimulation, soon loses all hearing capacity.

On this basis of reasoning has been constructed an electrical instrument which is designed to meet the requirments of the deaf. It has been in practical demonstration long enough to warrant a generous scientific indorsement, for after all has been said for theory, it is only the facts of help or cure to which the busy world will listen. Such facts are now accessible from thousands of responsible people.

Dr. L. F. Potter, late associate professor at the New York School of Clinical Medicine, and a specialist in ear disease, says: "It is a marvel that we physicians have failed to realize, not only the value of a wise mechanical stimulation of diseased auditory structure, but the now well established principle of the vitalizing effect of mental concentration on the nerve cell itself which this stimulation makes possible. A rational psychological therapeutics does not of necessity mean the influence of one mind over another, as this phrase is commonly understood, but may imply that a given stimulation affecting the sensations and perception has power, through repetition, to vitalize physical structure, for men think in terms of things. We have apparently forgotten in this mechanical age that in our attack on disease we have to apply physical principles to living structure. Helen Keller's wonderful life illustrates vividly this principle: deaf, dumb, blind, through external stimulation and mental concentration, she literally makes for herself new ears, eyes and tongue. I welcome therefore these instruments. I believe they are destined to occupy a large place, not only for the arrest of deafness, but as a very present means of help for those who are not only banished from ordinary conversation, but from the church, the theatre and the lecture plat-

form. The instruments are adequate to the patient's needs in every respect, easily worn and kept in repair, and a very marvel of mechanical skill."

SURGICAL SUGGESTIONS

American Journal of Surgery.

A large abscess in the ischio-rectal region may communicate with an infected dermoid cyst at the base of the spine.

A chronic cystic swelling in the neighborhood of a joint is in the majority of instances a distended bursa.

A tumor on either side of the vertebral column with a slight bulging in this region and scoliosis, is often a perinephritic abscess. But if cord symptoms are present, a sarcomatous growth of the vertebra should be kept in mind.

In case of sudden pulmonary infarct, a patient should always be examined for hemorrhoids. A thrombosis of one of the veins of the prostatic plexus may also be the cause.

During the course of a pneumonia, severe pain in the leg is indicative of the deposit of a septic embolus in the lumen of one of the veins, which often results in an ascending thrombosis and phlebitis, necessitating amputation.

A synovitis that persists despite careful treatment should arouse suspicion of tuberculosis.

If there is a sudden rise of temperature after appendicectomy, examine the rectum. A bulging of the wall of the rectum on the right side indicates the formation of a pelvic abscess.

Small incised wounds over the eyelid are very prone to infection. Instead of sewing up the wound immediately, put on a wet dressing and wait twenty-four hours.

Marked exophthalmos with a purulent iritis may be an embolic condition (metastatic choroiditis) due to septic infection, e. g., of the uterus, as after an induced abortion.

By pressing lightly with the flat end of a wooden toothpick in the region of a foreign body on the cornea, it will often come away. The conjunctiva should first be anesthetized with a solution of cocain.

Constant lacrimation with no other signs or symptoms may be due to a chronic dacryocystitis. Removal of the lacrimal sac will often effect a cure.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

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Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

EUTHANASIA.—A protest against public misinterpretation of the word euthanasia. The word indicates an easy, painless death and not the painless killing of a sufferer as an act of mercy.

SPIROCHETES AND CANCER.—The findings of Gaylord and Tyzzer seem to indicate that the mere finding of spirochetes associated with tumors cannot be taken as evidence of any etiologic association. Speculation as to whether such parasites play a part in decreasing tissue resistance.

TETANUS ON LONG ISLAND.—In geographic distribution of disease Long Island offers unique aspects. Lockjaw popularly supposed to be very prevalent on the island, but scientific investigation disproved this supposition. The number of deaths from tetanus in Long Island is proportionally smaller than that of any state along the Atlantic coast.

Remarkable Mammary Infection.—A robust and healthy young woman, acting as wet-nurse in a nursery developed an obscure infection in the breast. The gland became painful and enormously swollen, resembling a great sponge soaked in pus. Woman died on ninth day of her illness.

Typhoid Spine.—Various theories as to secondary cause of the condition. Those who hold it to be a functional derangement fail to recognize the close relation between function and structure. The Roentgen ray has demostrated, according to MacRae, bony changes in some cases. Prognosis of condition good, but recovery protracted.

Housing Problems.—An American section has been formed of the International Congress for Improved Housing. This congress has been responsible for remedial legislation in Europe. The need of a continuation and extension of the work done by the Tenement House Commission of New York City. The growing urban population of the United States. Model tenements erected by the wealthy, a selfish and yet eminently altruistic work.

The Crowbar Case.—Recent death of Dr. Harlow recalls the famous "crowbar case." At the time it happened the case was received with much doubt, especially in Europe. Brief review of the case and quotations from the modest statements of Dr. Harlow concerning it.

Borderland of Medicine and Surgery.—Reference to address of president of the Congress of American Physicians and Surgeons on this subject. Attitude taken that many operations are unnecessary and some positively harmful. The necessity for a greater accuracy in diagnosis. Conservatism in operations a quality to be developed.

Filaria Philippinensis.—This new species of filaria peculiar to the Philippine Islands discovered last year by Ashburn and Craig. Further studies by the same investigators confirm the description and demonstrate the metamorphosis of the embryo into a form capable of being inoculated into another human host.

New York's Milk Supply.—Milk traffic of any large city immensely complex. New York's problem even more intricate because of its size and physical configuration. The special milk commission recommends increased inspection at sources of supply Also suggests that skimmed milk, properly labelled, be sold. Milk stations for the distribution of pasteurized milk to the poor, urged.

Scientists at Play.—The need of relaxation for brain workers. The "X Club" of the British scientists. Some of the discussions thereat. On "politics, scandal and the three classes of witnesses: Liars,—liars and experts.

Studies in Experimental Alcoholism.—The influence of small quantities of alcohol on the animal physiology as recently studied by Reid Hunt. His experiments seemed to prove that power of oxidation is increased and intestinal putrefaction favored.

Vomiting, secondary anemia and absence of free hydrochloric acid in the gastric juice—a triad of symptoms at once suggestive of carcinoma ventriculi—may occur as a result of chronic nephritis. Especially if the urine contain no casts or albumin is the observer apt to be led astray.

The Anesthetist.—The administration of an anesthetic no longer relegated to the junior staff in hospitals. The specialist in anesthesia now a necessity. Legal responsibility in case of accident due to the anesthetic should lie with the anesthetist, who should therefore be properly qualified.

Progress of Antituberculosis Movement in New York.—The crusade against tuberculosis a practical every-day problem. Advance made in that city by declaring it an infectious and communicable disease and requiring a compulsory report of all cases. Authorities inspect all cases not directly under a physician.

The Alcohol Manifesto.—The storm of discussion raised in Great Britain over the open letter on the use of alcohol seems to have reached this country The National Wholesale Liquor Dealers Association of America distributing a reproduction of the manifesto. The original letter, a clever duping of noted physicians and the Lancet in the interests of the liquor trade.

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MEDICAL MEMORANDA.

The Waters of Carabana (Spain).—Dr. James K. Crook, in an article in the Medical Record, does not entirely agree with the contention that America offers an analogue to any European spa, for he holds that there is no American water analogous to Carabana water, from the province of Madrid, Spain—a water which Crook regards as the strongest of known aperient waters. While Carabana has not become as generally known to the medical profession of the United States as some other European spas, it has been the subject of considerable investigation by the Academies of Medicine of Madrid and of Paris, and has had the stamp of approval of both academies. In fact, Benavides, Doyen-Conseiller-Royal of the Madrid Academy, goes so far as to declare Carabana "superior to any other mineral water known," on account of the fact that it is "invaluable in cases of intestinal and hepatic affections and dyspepsia, is perfectly tolerated by the stomach, and is never the cause of intestinal irritation. the report of Professor A. Proust, General Inspector for the Academy of Medicine, Paris, in which the Academy "decides for the use of the purgative water of Carabana," stress is laid upon the superiority of Carabana to the German waters, on account of its "antiseptic qualities, the little quantity required, its taste, its softness, rapidity and energy of its action." In the experience of the writer of these notes, Proust lays stress upon just those points in which Carabana differs from most other waters. It is exceedingly prompt in its action, producing copious stools, as a rule, within a surprisingly short time after ingestion. On account of this prompt and vigorous action, one would anticipate considerable intestinal disturbance, which, however, I have never known to be experienced. The small dose —one sherry-glassful—is a point of advantage, not so much appreciated, perhaps, in Carabana, on account of the fact that its taste is by no means so unpleasant as the majority of bitter waters. We have employed Carabana in a number of cases in which free saline catharsis is desired, using a wine-glassful before breakfast in ordinary cases, or, when continued effect is sought, the same dose before each meal, and, aside from the prompt and satisfactory effect, the water was found exceedingly gratifying to the patient. Carabana may be employed in those cases in which we desire a prompt flushing of the alimentary tract, or for the relief of stasis of the various organs. For the energetic catharsis frequently employed in obesity, over a prolonged period, Carabana is especially satisfactory. While it is contended by the Spanish and French physicians who have had extensive experience with it, that Carabana is non-irritative in the intestinal tract, we believe that it should be employed only with the greatest care in irritated conditions of the gastro-intestinal mucous membranes.—Geo. Thos. Palmer, M.D., co-editor of the Chicago Clinic and Pure Water Journal, June, 1907.

Summaries in Medical Articles.—Current medical literature so vast that no man can read thoroughly even one or two journals. Hence the need of a summary of every article written. This interests the reader and shows that the writer has clearly in mind what he has undertaken to write.

Vital Action of Cells in the Light of Modern Researches. —As biologic science extends the phenomena ascribed to "vital action" become fewer. The belief gaining ground that the vital activities of cells are the result of well-known physical and chemical forces occurring under very complex conditions. Many of the activities of cells due to the intracellular enzymes whose action is similar to that of inorganic catalyzers, i.e., hastening chemical processes toward an equilibrium. Action of enzymes both analytic and synthetic, may disintegrate large molecules into smaller ones and build smaller ones into larger ones. Synthesis of proteins not yet experimentally accomplished generally, though one reported by Taylor of the University of California.

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An Ideal Agent in the Treatment of Enteritis in Children.—(By C. Everett Field, M. D., New York City.)—I am accustomed, when summoned to a case of acute dyspeptic diarrhea (the most common form), to withdraw all food for from twelve to twenty-four hours excepting some albumen water, to which I usually have added a little whiskey, from five to ten drops in complicated cases, to ten to twenty drops in cases where collapse is threatening and subsequently modifying the diet according to the indications in each particular case. The second necessity is to promptly and efficiently clean the intestinal tract. For this purpose I use calomel 1-10 grain doses every half hour, giving from one to two grains, according to age of child. Yet this is not sufficient, for the most effectual purgation will often not remove the fermentation from the gastro-intestinal canal. To overcome this I know of nothing more prompt or efficient than glyco-thymoline. After the calomel has acted and even some time before in many cases, I add two tablespoonfuls of glyco-thymoline to a pint or a pint and a half of hot water (about 100°) which I slowly inject into the rectum and colon by means of a flexible rubber catheter. In addition I order teaspoonful doses of glyco thymoline by the mouth every two or three hours and sometimes every hour. The suspension of food, evacuation of bowel contents, irrigation of colon and correction of acidity by means of glyco-thymoline per rectum and per os, followed by proper feeding and hygiene, constitutes the usually effective plan of treatment in otherwise uncomplicated cases of acute dyspeptic diarrhea of infants and young children. The following case is one of those in which glyco-thymoline has given me excellent results: A. W., age seven months, had an increase in the number of stools and had shown considerable irritability for some days. The stools showed fermentation, were green, contained curds and were very offensive. There was considerable abdominal pain, temperature 103° F. There had been slight vomiting. All food excepting albumen water was cut off. A calomel purge was given (grain 1-10 every half hour until 1½ grain had been given). This was followed by a teaspoonful of phosphate of soda well diluted in a glass of water, one teaspoonful of this solution being given between the doses of calomel. The bowels were irrigated with hot glyco-thymoline solution and after they had been thoroughly acted upon by the calomel, teaspoonful doses of the glyco-thymoline were given hourly by the mouth. Within eight hours the diarrhea had stopped, the temperature was only 99½° and the attack had practically ceased. The irrigations with glyco-thymoline, two tablespoonfuls to the pint, were continued daily night and morning with astonishing and prompt results.

Scopolamine Not Hyoscine! A Caution! In the Archiv fuer Gynaekologie Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for the mother and child, and in private practice the bye-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold had been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed. The extract as presented in The Journal of the American Medical Association, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled ex parte statement, we refer to Gauss' statistics as given by Holt, in the May number of The American Journal of Clinical Medicine. But even were the accounts given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is not the same thing as the hyoscine used in America. It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee. The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, the scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all the Abbott line, may be depended upon.—The American Journal of Clinical Medicine.